**Mental Health Foundation (MHF) Granting Program**

**APPLICANT INFORMATION**



|  |  |
| --- | --- |
| **Name of requesting organization:** | Click or tap here to enter text. |
| **Organization physical Address:** | Click or tap here to enter text. |
| **Website:** | Click or tap here to enter text. |

**Applicant Category:**

|  |
| --- |
|[ ]  **Registered Charity** (Operate exclusively for charitable purposes and are registered with the Canada Revenue Agency (CRA) to issue official donation receipts). |
| Registration Number: | #Click or tap here to enter text. |
|[ ]  **Non-Profit Organization** (Operate for any purpose other than profit but are not required to register with the CRA (though may incorporate under provincial or federal laws). Must offer clear oversight into how granted funds serve charitable purposes. For clarity, Recovery Alberta is a non-profit organization). |

**Contact** (This is the person we will connect with for funding and reporting):

|  |  |
| --- | --- |
| **Name and Title:** | Click or tap here to enter text. |
| **Phone/Email:** | Click or tap here to enter text. |

**FUNDING DETAILS**

**Funding Category:**

|  |
| --- |
|[ ]  **Up to $10,000** |
|  | **~~$10,001 to $50,000~~ – ONLY AVAILABLE July1-Sep30/25** |

If the funding request is over $50,000, applicants are encouraged to contact the MHF at funding@mentalhealthfoundation.ca, to discuss the project. If the MHF feels the project has merit, the applicant will be invited to submit an online Letter of Inquiry (LOI).

|  |  |
| --- | --- |
| **Amount Requested From MHF:**  | **$**Click or tap here to enter text. |
| **Total Project Cost:**  | **$**Click or tap here to enter text. |
| **Total Contributed In-Kind by Your Organization and/or Others:**  | **$**Click or tap here to enter text. |
| **Project Government Funding Secured (All Government Sources):**  | **$**Click or tap here to enter text. |
| **Project NON-Government Funding Secured (All Other Sources):**  | **$**Click or tap here to enter text. |
| **Unsecured and/or Pending Project Revenue:** | **$**Click or tap here to enter text. |

**PROJECT DESCRIPTION**

**Which MHF Funding Priority Does Your Project Align With?** ([MHF website](https://mentalhealthfoundation.ca/funding-requests/) provides expanded descriptions of each priority):

|  |
| --- |
|[ ]  **Connect Systems of Care and Scale Proven Solutions** |
|[ ]  **Improve Patient Experiences and Outcomes** |
|[ ]  **Accelerate Discovery & Adoption of Mental Illness & Addictions Research** |

**Is this a:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | **New Project** | [ ]  | **Enhancement to an Existing Project** |

**Project Title:**

Click or tap here to enter text.

**Project Description (300 words or less):**

Click or tap here to enter text.

**Why is the proposed Project needed?**

Click or tap here to enter text.

**Requested funds from the MHF would cover:**

Click or tap here to enter text.

**Provide the location(s) or address(s) where the Project will take place:**

Click or tap here to enter text.

**Please describe the target beneficiaries of this project:**

Click or tap here to enter text.

**How will the proposed Project Directly and Indirectly benefit the target beneficiaries (and other secondary beneficiaries as may be applicable)?**

Click or tap here to enter text.

**How will these benefits be measured?**

Click or tap here to enter text.

|  |  |
| --- | --- |
| **When will the funds be required (YYYY/MM/DD):** | Click or tap to enter a date. |
| **Proposed Start Date (YYYY/MM/DD):** | Click or tap to enter a date. |
| **Proposed End Date (YYYY/MM/DD):** | Click or tap to enter a date. |

**How will the MHF be Recognized?** (Note: If the funding application is approved, the MHF must be publicly recognized for its support. MHF Name and Logo use must be pre-approved by MHF, and copies of any documents must be included with your reporting).

Click or tap here to enter text.

**APPLICANT DECLARATION**

A Final Report is required at the conclusion of the funded project. If the project extends beyond a fiscal period, an interim report may be required. The following project lead confirms that the information provided in this application is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Signature:** |  |
| **Title:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

If this application is through **RecoveryAB**, please have the director/program manager sign the application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Signature:** |  |
| **Title:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |