

Mental Health Foundation (MHF) Granting Program



Mental Health Foundation
We have a better future in mind.

APPLICANT INFORMATION

Name of requesting organization:

Organization physical Address:

Website:

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:

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:

Phone/Email:

FUNDING DETAILS

Funding Category:

up to \$10,000

\$10,001-\$50,000

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:

Project Government Funding Secured (All Government Sources):

Total Project Cost:

Project NON-Government Funding Secured (All Other Sources):

Total Contributed In-Kind by Your Organization and/or Others:

Unsecured and/or Pending Project Revenue:

PROJECT DESCRIPTION

Which MHF Funding Priority Does Your Project Align With? (MHF website 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:

Project Description (300 words or less):

Why is the proposed Project needed?

Requested funds from the MHF would cover:

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

Please describe the target beneficiaries of this project:

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

How will these benefits be measured?

When will the funds be required (YYYY/MM/DD):

Proposed Start Date (YYYY/MM/DD):

Proposed End Date (YYYY/MM/DD):

Date Project Evaluation Will Be Completed (YYYY/MM/DD):

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.)

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 & Title:

Signature & Date: