

Yarmouth Hospital Foundation

Commitment to Healthcare Community Fund

Qualifications:

To qualify for a grant from the YHF Commitment to Healthcare Community Fund, your community initiative's primary purpose must be to improve the provision of healthcare within the Tri-Counties. It must also meet the following criteria:

- be for a registered charity or a recognized non-profit organization in Yarmouth, Shelburne, or Digby counties.
- clearly enhance healthcare services, projects or programs within the Tri-Counties.
- clearly show future funding stability without the need for a repeat grant.
- intend to use the grant to improve healthcare services, not to replace alternate sources of core funding from municipalities, or either the provincial or federal government.
- align with the priorities of Nova Scotia Health.
- come with a letter of endorsement from a qualified health services specialist (excluding elected officials).

Preference will be given to projects that:

- will only require a one-time contribution to their project or program.
- are established and can show additional partners and resources beyond this grant.



info@yarmouthhospitalfoundation.ca
www.yarmouthhospitalfoundation.ca

Commitment to Healthcare Community Fund Grant Application



Please complete all fields below.

----- **Part 1 – Basic Information** -----

Name of Registered Nonprofit or Registered Charity within Yarmouth, Shelburne or Digby County

Charitable Number or Registration Number

Address

Email Address

Phone Number

Website *(if available)*

Name of Primary Contact

Brief Description of Organization

Mission Statement

Year Established

Fiscal Year of Organization

----- **Part 2 – Project Overview** -----

Is this initiative’s primary purpose the provision of healthcare within the tri-county area of Yarmouth, Digby and Shelburne? *yes* *no*

Funding Amount Requested

Total Cost of Project

Start Date

End

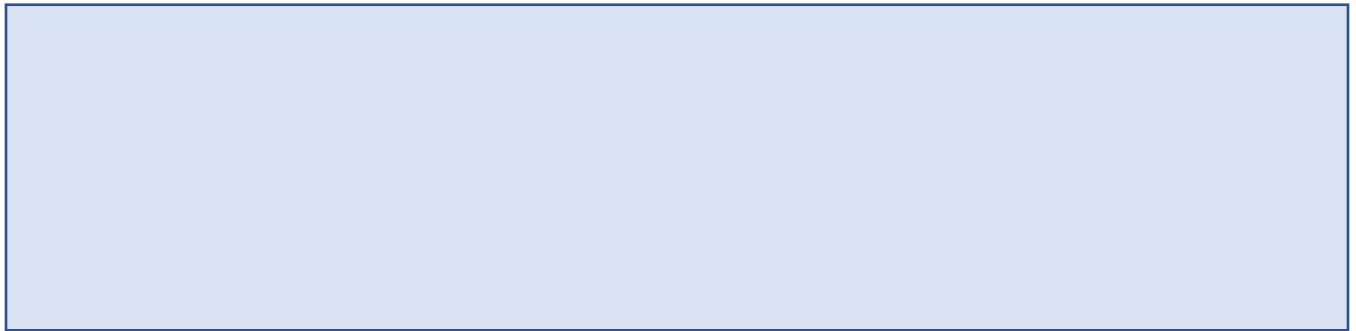
Project Description

- Clearly define your project’s goals and objectives, and how you feel they align with the Yarmouth Hospital Foundation’s mission.

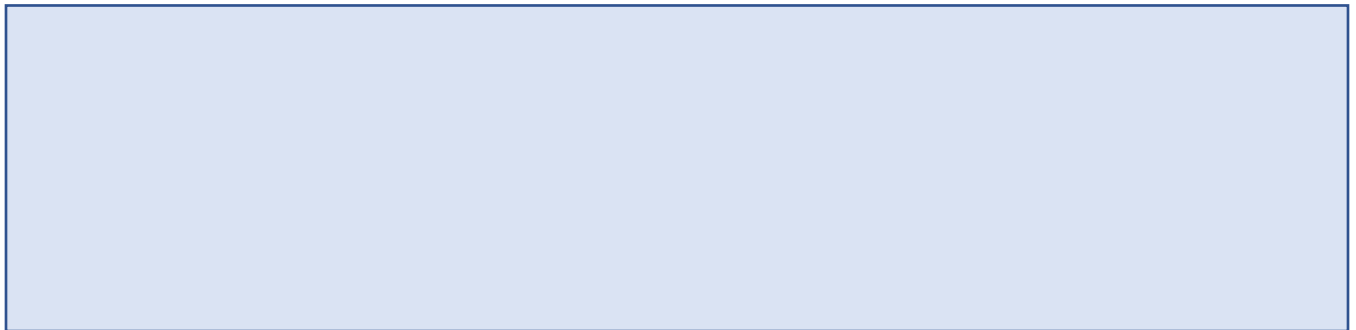
- State what the potential impact of the project is on improving healthcare services or outcomes with the Tri-Counties (Digby, Shelburne and Yarmouth).

Budget & Feasibility

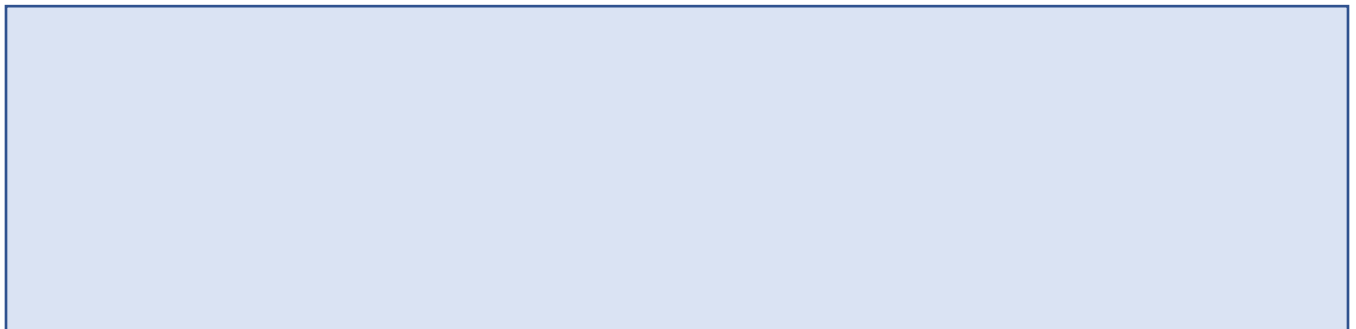
- Clearly outline how you will execute the project successfully within the proposed timeline and resources.



- Indicate the issue(s) to be addressed by the grant, such as an operation budget, shortfall, capital, equipment project or new initiative.

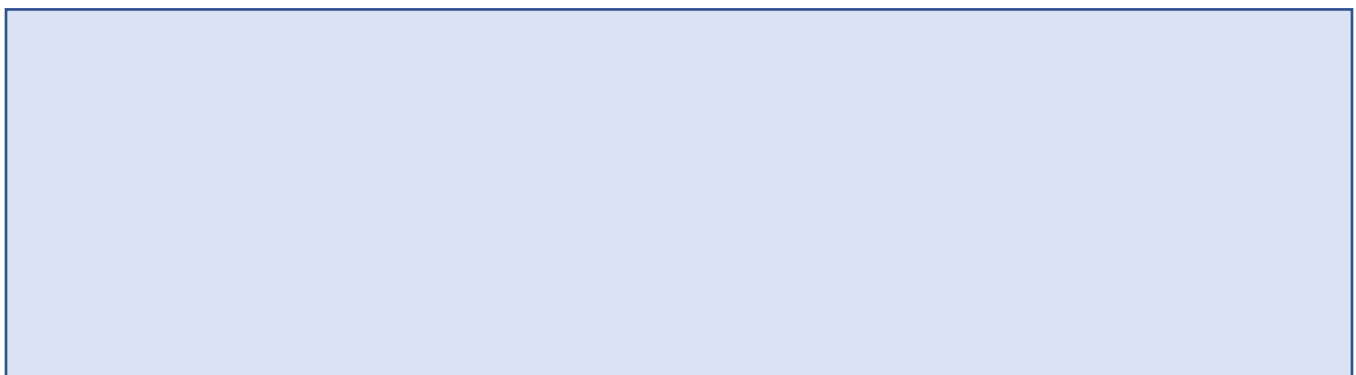


- List all funding partners, both short and long term and/or other sources of funding for your project.



Sustainability

- Outline how you will be able to sustain the project going forward, beyond the grant funding period.




Community Engagement/Impact

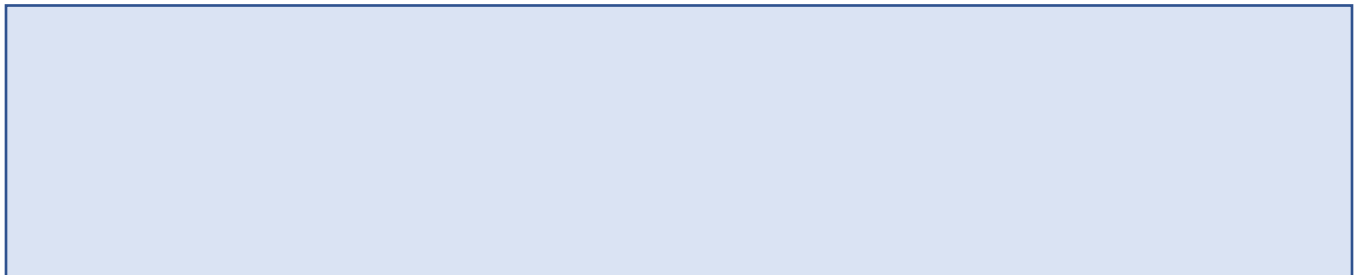
- Are there collaborations or partnerships that enhance the project's potential for success and sustainability?



- Outline how the project addresses healthcare disparities and promotes accessibility and equity in healthcare services.

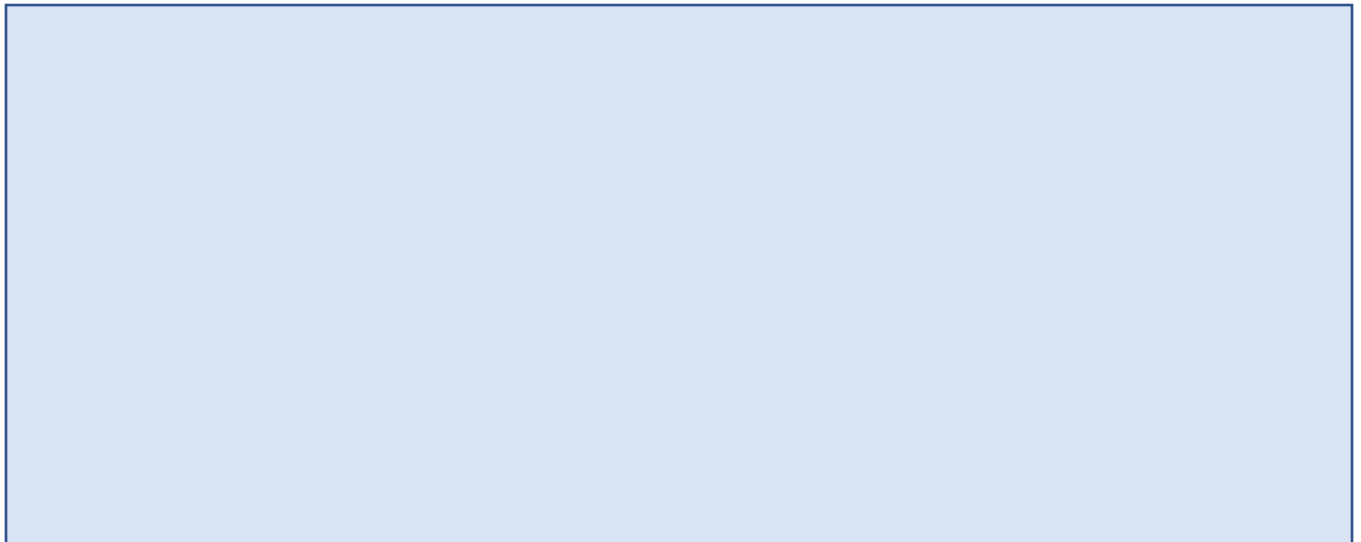


- Describe what community (communities) and how many people could be impacted by your project.



Evaluation and Reporting

- Please outline your plan for evaluation the project's progress, goals, or outcomes.



----- **Part 3 – Key Individuals** -----

List the key individuals in your organization and the role held by each.
(Example: John Smith, Chair; Sue Adams, Treasurer etc.)



----- **Part 4 – Budget** -----

Attach project budget documentation with this email, identifying project revenues and resources in detail. (Note: previous year's financial statements may be required.)

----- **Part 5 – Submit** -----

Submit this application form and all accompanying documents to:
info@yarmouthhospitalfoundation.ca (If more room is required, additional pages may be added.)

Applications will be received for consideration starting June 1, 2024.

Applications deadline is November 1, 2024.

Successful funding applicants will be announced January 2025.