

Halifax Assistance Fund (HAF)

Helping Halifax Residents Who are Most Affected by Poverty Since 1866

Funding Application

HAF endeavours to support the tireless efforts of those who work daily to help the members of our community who are most affected by poverty. HAF reviews all proposals, but often we must focus our limited resources on the following:

1. **Youth who are experiencing or are at-risk of homelessness.** Without intervention and support, many will face years in poverty;
2. **Single adults struggling with pervasive issues** relating to mental health, addiction, violence, criminal justice, unemployment and/or physical illness;
3. **Single mothers with young children** who also may fall into the previous two categories;
4. **Innovative programs** designed to meet pervasive problems in promising new ways; and/or
5. **Emergency funds** to help meet the pressing unfunded basic needs of individual clients (including nutrition, heating, shelter, etc.).

HAF does not tend to fund salary or building costs. **Successful applicants consent to their names and projects being mentioned on our website.** For more information about HAF funding, visit our website: www.halifaxassistancefund.org

APPLICANT ORGANIZATION		Application Date:
1.	Applicant Organization Name:	
2.	Address:	
3.	Contact Person:	
4.	Phone Number:	
5.	Email Address:	
6.	CRA Registered Charity?:	<input type="checkbox"/> Yes #: <input type="checkbox"/> No
7.	Provide a Brief Description of Your Organization's Primary Activities and Services: (50 Words Maximum. Additional information may be requested, including financial statements.)	

PRIOR HAF SUPPORT (if any)	
8.	Has Your Org. <u>Applied for</u> HAF Funding Before?: <input type="checkbox"/> Yes When? <input type="checkbox"/> No
9.	Has Your Org. <u>Received</u> HAF Funding Before?: <input type="checkbox"/> Yes When? <input type="checkbox"/> No
10.	If Yes, List Project Name(s), Funding Amount(s) and Year(s) Received in last three years:
11.	If Yes, Does HAF Have a Report(s) of Project Results?: <input type="checkbox"/> Yes Date Sent: <input type="checkbox"/> No

NOTE: For organizations that receive Emergency Funds, HAF asks for data on how those funds were disbursed to clients (what, how much, when) before HAF will consider any future funding requests. This information allows for an informed discussion as to possible sustainable alternatives HAF's emergency funding.

PROJECT OVERVIEW	
Note: HAF does not tend to fund salary or building costs.	
12.	Project Title:
13.	Project Description: (100 Words Maximum Additional information may be requested.)
14.	Funding Amount Requested from HAF: \$
15.	Total Project Cost: \$
16.	Other Funding Sources:

17.	Use of Proceeds:	
18.	End Result: (50 Words Maximum. What do you want to be able to say was accomplished as a result of this project.)	
19.	Target Audience:	<input type="checkbox"/> Youth 16–19 Years of age experiencing or at-risk of homelessness <input type="checkbox"/> Single Adults living with pervasive issues (e.g., addiction, mental or physical health, criminal justice, etc.) <input type="checkbox"/> Single Parents supporting young children <input type="checkbox"/> Other (please describe):
20.	Number of Individuals who will Benefit:	Directly: Indirectly:
21.	Primary Objective(s) of the Project:	<input type="checkbox"/> Alleviation of hunger <input type="checkbox"/> Provision of basic shelter <input type="checkbox"/> Provision of clothing <input type="checkbox"/> Alleviation of health, hygiene or dental needs <input type="checkbox"/> Provision of education and/or life skills <input type="checkbox"/> Physical safety or security <input type="checkbox"/> Advocacy in support of the target audience <input type="checkbox"/> Other (please describe):
22.	Project Characteristics:	<input type="checkbox"/> Delivers lasting benefits by developing supportive communities. For example, the project: <ul style="list-style-type: none"> • Encourages community involvement • Provides student-centred learning opportunities • Encourages social enterprise • Other: <input type="checkbox"/> Actively engages clients <input type="checkbox"/> Collaborates with other social service groups <input type="checkbox"/> Raises community awareness of needs <input type="checkbox"/> Other (please describe):

KEY DATES		
23.	Project Start Date:	
24.	Project End Date:	
25.	Date When Funding is Required:	
26.	Any Additional Points for Consideration:	

CERTIFICATION	
I hereby certify that this information contained in this Application is accurate and that if the proposed program is approved by HAF, that the funding provided will only be used for the activities described in this Application. I understand that the HAF may request more information at any time.	
Name & Title:	
Signature:	
Date:	

Mail the application to "The Halifax Assistance Fund, P.O. Box 1644 Halifax NS B3J 2Z1",
OR send by EMAIL to "**halifaxassistancefund@gmail.com**".

For HAF Use Only:
