**GRANT APPLICATION WORKSHEET**



Thank you for submitting your big idea to CUA’s 2025 Community Investment Grant Program. We’re excited to hear about your work to strengthen your business, community and the Nova Scotia economy.

For the ***Health, Wellness and Recreation*** Category, there is a total of $15,000 available. This category supports programs or initiatives that improve the health and well-being of Nova Scotians, enhancing communities and health outcomes in the areas of financial health, mental health, food security, sport or physical fitness. A minimum of three grant recipients will be selected in this category, with a maximum grant value of $7,500.

As a reminder, applications will be reviewed to ensure alignment with eligibility criteria. The following application **worksheet** contains 32 questions, some of which require open-ended responses. We recommend finalizing responses in the work area below before proceeding to the application form (available January 7th).

**Ready to proceed? Submit your grant application by completing the form below:**

|  |  |
| --- | --- |
| \*1. How did you hear about CUA’s Community Investment Grant Program?  | * Social media
* Media coverage
* From a CUA member
* From a CUA employee
* CUA’s website
* CUA’s mobile banking app
* CUA’s newsletter
* Word of mouth
* From a past Program recipient
* By email, I’m a past applicant

Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **ABOUT YOU** |
| \*2. Your Name (Applicant): |  |
| \*3. Organization or Business Name: |  |
| \*4. Organization or Business Mailing Address: |  |
| \*5. Email address: |  |
| \*6. Phone number: |  |
| \*7. What part of Nova Scotia does your organization or business operate in? | * Central Zone (Halifax area, Eastern Shore, West Hants)
* Eastern Zone (Cape Breton, Guysborough and Antigonish areas)
* Northern Zone (Colchester-East Hants, Cumberland and Pictou areas)
* Western Zone (Annapolis Valley, South Shore and South West areas)
* In two or more Zones
* In every Zone across Nova Scotia
 |
| \*8. Does your organization or business currently operate outside of Nova Scotia?If yes, please describe.  | * Yes
* No
 |
| \*9. How many years has your organization or business been in operation? | * This is a start-up – in Year 1
* Less than 3
* 3-5
* 6-9
* More than 10
 |
| \*10. Is your organization a registered business?  | * Yes
* No
 |
| \*11. Is your organization a registered charity?  | * Yes
* No
 |
| \*12. Do you bank with CUA (either personally or for your organization or business)? | * Yes – Personally
* Yes – Organization
* Yes – Both
* No – I do my banking with a different credit union.
* No – I do not bank with either CUA or another credit union.
 |
| \*13. Are you a member of the Halifax Chamber of Commerce? | * Yes
* No
 |
| \*14. Has your organization or business **applied** to CUA’s Community Investment Grant Program in the past?  | * Yes
* No
* I’m not sure
 |
| \*15. Has your organization or business **received funding** through CUA’s Community Investment Grant Program in the past?  | * Yes
* No
* I’m not sure
 |
| **ABOUT YOUR WORK** |
| 16. Project or Initiative Name (if applicable) |  |
| \*17. Tell us about the project or initiative (3-10 sentences)  |   |
| \*18. Who will be leading / overseeing the project?  |  |
| \*19. What is the main objective or goal of your initiative? (2-5 sentences) |  |
| \*20. What will the grant funds be used to purchase or implement? (1-4 sentences) |  |
| \*21. How will you define and measure the success of your project or initiative? (1-5 sentences)  |  |
| \*22. How much are you requesting? (Please enter an amount between $500 and $7,500) |  |
| \*23. How much do you estimate you will need in **additional** funding to complete the project? (if none, please enter 0)If applicable, please explain.  |  |
| \*24. Who will benefit most from your project or initiative? (1 – 5 sentences) |  |
| \*25. In what location will the project or initiative take place? |  |
| \*26. When are you planning to **start** the work?  | * Q1 2025 (January – March)
* Q2 2025 (April – June)
* Q3 2025 (July – September)
* Q4 2025 (October – November)
 |
| \*27. Will the project or initiative be completed in 2025? | * Yes
* No
 |
| \*28. Is your project or initiative a recurring event that will require future or ongoing funding? (e.g., an annual festival, monthly workshop, etc.) | * Yes
* No
 |
| \*29. Will the funds be directed towards administration or regular operational costs such as rent, payroll, overhead costs, heat, lights, general maintenance?  | * Yes
* No
 |
| \*30. Will this project or initiative have a direct impact on the **financial health** of a person, organization or small business? If yes, please explain.  | * Yes
* No
 |
| \*31. Does your project or initiative contain a sustainability component, with a positive impact on the environment (e.g., through energy efficiency, reduction of greenhouse gases, improved waste management, etc.)If yes, please explain. | * Yes
* No
 |
| \*32. Is your organization affiliated with traditionally underrepresented communities (including BIPOC, LGBTQ+, persons with a visible or non-visible disability), either through leadership/ownership or organizational mission? If yes, briefly explain.  | * Yes
* No
 |