

We Rise Again Fund – Shelburne County

Grant Application



The We Rise Again Fund – Shelburne County was created in response to Nova Scotia’s biggest wildfire and its impacts on families in communities across our county. The Fund aims to support rebuilding and mental health and healing support for individuals, families and communities disproportionately impacted by the fires.

The We Rise Again Fund – Shelburne County is administered by the Community Foundation of Nova Scotia (CFNS) in partnership with a group of community volunteers from across Shelburne County who are leading the fundraising efforts. All funds raised will support local needs, with local decision makers ensuring local impacts.

Grant Purpose

Grants between \$5,000 and \$25,000 will be awarded in two focus areas:

- To assist in the **physical recovery and reconstruction** of communities impacted by the wildfires, which may include homes and other structures that need rebuilding or repairs.
- To address critical **mental health needs**, including emotional and psychological supports, of individuals and communities impacted by the wildfires.

Grants will not be awarded for:

- Mortgages or to cover deficits or retire debts
- Retroactive funding for expenses covered by other sources (e.g. insurance, government funding programs, other rebuilding funds, etc.)
- Insured secondary or recreational properties
- Business assets
- Sectarian, religious or political purposes
- Annual donation drives or any fundraising activities

Grant Criteria

The project/program must:

- Demonstrate a well-defined purpose aligned with the focus of this grant and fund
- Be located in Shelburne County
- Be as a direct result of the impact of the wildfires.

Grant Review Process

A panel of community members with relevant knowledge, perspectives and experience will assess each application and short-list those deemed to best meet the granting criteria, including recommending grant amounts to CFNS for final approval.

Timeline

- April 4 – Call for Applications
- May 17 – Application Deadline
- May 17 to June 25 – Independent Review Panel to review applications and select grants for approval.
- June - July (or earlier if possible) – Grants finalized and distribute

Part 1: General Information

Name of applicant, organization, or group:

Address: _____

Contact person: _____

Telephone number: _____

Email: _____

Project name (for the purpose of this request): _____

Amount requested: _____

Part 2: Individual Background (Organization/Groups skip this section)

Briefly describe the activity or rebuild project:

How will the project be of benefit to you/your family:

How do you plan to track expenses for this project?

Anticipated start and end dates:

Part 3: Organization/Group Background

Charitable registration, incorporation, or society # (indicate which):

Briefly describe your organization's mission/mandate:

Purpose of the program/project, including activities:

Who will benefit from this program/project:

What community(s) will be impacted by this program/project:

Expected outcomes and how you will measure them:

Anticipated start and end dates

Part 4: Budget

List major costs for this project/program. This should include items such as wages/employment related costs, materials/supplies, equipment, travel, etc. If there is not enough room in the table provided, you may attach another sheet with the budget.

Item	Description	Amount
	Total	

Please detail any additional funds or revenues, such as insurance or anticipated matching funds. Rest assured, this information is strictly confidential and will be exclusively accessed by the review committee, who are committed to maintaining confidentiality and will not disclose it externally.

I, _____ hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Signature

Date

To Apply

Applications may be submitted in person, via email, or online. To submit in person, place the application in a sealed envelope and address it to We Rise Again Fund – Shelburne County and drop it off at one of two locations:

BARRINGTON

Barrington Dental Center
3588 Highway 3, Suite 3
Barrington Passage

SHELBURNE

TLC Pharmasave
157 Water Street
Shelburne

To submit electronically, email your completed PDF application and any other supporting documentation you wish to include to grants@cfns.ca or simply apply online at <https://cfns.ca/weriseagainfund/>