Application 2023/24

The Office of Healthcare Professionals Recruitment Community Fund

Applicant Information

Name of Applicant Organization: _____

Address: _____ _____ _____

Street Number | Street Address | Suite

_____ _____ _____ _____ _____

PO Box | City/Town | County | Province | Postal Code

Registration Information

Is your organization registered with the Nova Scotia Registry of Joint Stock Companies? ❑ Yes ❑ No

Is your organization registered with the Nova Scotia Registry of Joint Stocks as a non-profit society or non-profit co-operative? ❑ Yes ❑ No

If yes to either of the above questions, provide your Nova Scotia Registry of Joint Stocks Registration Number: _____

Identification Number (Canada Revenue Agency): _____

Chairperson

Chairperson: _____

Telephone (Primary): _____ Email: _____

Application Contact

Contact Name: _____

Telephone (Primary): _____ Email: _____

Project Summary

Project Title: _____

Brief Project Description: _____

Total Cost of Project: _____ Amount Requested: _____

Project Start Date: _____ Project End Date: _____

Location of Project: _____

Objective

Before applying, consider the stream(s) you intend to access. (Pick one, or both, if appropriate)

- ❑ **Stream 1: Community Identified Projects** - This stream is intended to grow and support your organization's projects that increase your impact.
- ❑ **Stream 2: Community Readiness Supports** - This stream is intended to develop the capacity of your community group to be successful in the attraction and retention of healthcare professionals.

Project Proposal Content

In addition to completing this application form, provide a **cover letter** and your **project(s) proposal.**

A) In your **cover letter,** include a brief introduction to your community group, your priorities/ mandate, who you are actively collaborating with, and any achievements to date you would like to highlight.

B) In your **project proposal**, outline your plan to achieve your priorities/mandate through your projects-based work. Clearly communicate how your ideas are going to improve healthcare professionals' attraction and retention and/or creating welcoming communities. Your project proposal must show us where you are (funding for projects you have already secured) and where you want to be (a request for funding from the OHPR Community Fund).

Consider including responses to the following (as appropriate) **in your group's project proposal** (5 to 8 pages maximum).

- Who are you and why are you the right group to lead this project? Do you have partners or collaborators to help aide in your success?
- Do you have any projects (or are you proposing any) to make your community more welcoming to healthcare professionals and their families? What potential cultural and social barriers will this address?
- What supports do you require to become more successful in achieving your goals? How can we help through the Community Readiness Supports stream?
- What are the small projects (think attraction/retention events, site visit planning, etc.) and large projects (marketing strategy, videos, etc.) you want to work on that are focused on healthcare professionals' attraction and retention?
- What benefit do you think there is to healthcare professionals and their families in your proposed project(s)? How are you adding value to existing work?
- How much money do you need to make your project(s) a success? Submit a complete budget (including other sources of funding). How will you measure the success of your project?

Declaration

As a representative of an organization, consortium, or group:

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that the organization, group, or consortium I represent meets the eligibility criteria.
- I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be considered.
- I understand that my current application may not be eligible if any of my final reports have not been submitted and approved.

I will act as the representative of the organization, consortium, or group and will keep all participants informed of the application content and any funding decision.

I accept all of the declaration statements above that are applicable to me as an individual application or as a representative of an organization, consortium, or group. I understand that not accepting these statements as true will affect eligibility for this funding application

Name: _____ Title: _____

Date _____ Signature: _____

Submitting

Send your completed cover letter, application form, proposal, and budget form to:

Email: **OHPRCommunityFund@novascotia.ca**

OR

Mailing Address: Health and Wellness
PO Box 488
1894 Barrington Street, 7th Floor
Halifax, NS B3J 2R8

For further information, contact: Office of Healthcare Professionals Recruitment
Telephone: 902-424-6348
Email: **OHPRCommunityFund@novascotia.ca**