

Application 2026

The Office of Healthcare Professionals Recruitment



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: _____

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 project-based work. Clearly communicate how your ideas are going to improve healthcare professionals' attraction and retention and/or create welcoming communities. Applications should clearly define Success Metrics as outlined in the Program Funding Guidelines. Your project proposal must clearly outline funding that has already been secured for your project and how much you are requesting from the OHPR Community Fund.
- C) In your budget form, clearly identify any additional funding streams associated with your project, **with emphasis on funding from elsewhere in government**.

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 aid 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?
- When considering project ideas, think about attraction/retention events, site visit planning, 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?

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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 will be deemed ineligible if final reports for previous Community Fund projects have not yet been submitted and approved by OHPR.

I will act as the representative of the organization, consortium, or group and will keep all necessary parties 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

For further information, or to submit your application, send your completed cover letter, application form, proposal, and budget form to:

Email: OHPRCommunityFund@novascotia.ca