

# **Good Ideas Funding Program**

**Please fill out the following template upon completion of your program**

**Name of program:** \_\_\_\_\_

**Program Description:** *(Program Focus, Number of Participants, Location, Length of Program, Equipment & Resources, Partnerships, etc. Please comment on your budget)*

**Challenges (and how they were met):**

**Success Factors:**

**Please describe impact of program within your community?** *(Participants, coordinators, instructors, youth, and their feedback and or evaluations, data collected)*

**Any Additional Information or Comments:**

**Do we have your permission to share your success story on our website so that other communities around HRM can learn from your experience?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Information:**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Please tick here  if you would prefer not to have your contact information shown on our website**

**THANK YOU FOR SHARING!**

PLEASE SEND TO:

ACTIVE HALIFAX COMMUNITIES  
FINDLAY COMMUNITY CENTRE  
26 ELLIOT ST., DARTMOUTH, NS  
B2Y 2X7

PHONE: (902) 490-5447 FAX: (902) 4742 EMAIL: [ACTIVE@HALIFAX.CA](mailto:ACTIVE@HALIFAX.CA)

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