2SLGBTQIA+ Community Impact Grant

2025-26 Application Form

NOVA SCOTIA

Office of Equity and Anti-Racism

Organization Information	
Name of Organization	The Elderberries
Mailing Address	3247 Union St, Halifax, NS, B3K 5H2
Please list any social media accounts or websites here:	https://gay.hfxns.org/ElderBerries Facebook: Elderberries of Atlantic Canada
Is your organization registered as (Select all that apply):	☒ A society incorporated under the Societies Act (1989); ☐ A non-profit association incorporated under the Co-operative Associations Act (1989); ☐ A non-profit incorporated under the Canada Not-for-profit Corporations Act (2009); ☐ A non-profit incorporated under an Act of the Nova Scotia Legislature; or ☐ A charity registered under the Income Tax Act (Canada).
NS Registry of Joint Stocks Registration Number	3302280
When was your organization established?	The group formed in December 2010, began operations the following April, and registered with the RJSC in 2016
Please describe the mission and key activities of your organization and describe the community(-ies) you serve:	We are a free organization of 2SLGBTQIA+ people over 50. We have over 350 members across the Province. We have 5 main activities: - Programs and socials once a month for members. Some special events as well. - Speakers' Bureau to speak to other groups and do youth outreach - Preserve history and archives - Participate in Research and provide a contact point for researchers - Publish a monthly newsletter.
How does your organization ensure that 2SLGBTQIA+ people have meaningful voice and leadership in decisions, programs, or governance?	- We are on the planning committees of several research groups, making decisions about the scope and ethics of the research. - The working board entirely comprises elder 2SLGBTQIA+ with diversity within our community, within that. The Board is entirely responsible for programming which is wholly focussed on the interests and needs of elder Q folk.

Where do you operate?	Almost all of our events are currently in HRM except youth outreach, which is Province-wide. Our members live Province wide, which is why we'd like to reach more of them.

List **all** provincial funding received **by your organization** in the past two years:

Source of funding	Funding Amount ($)
None	

Impact Plan	
How does your organization plan to allocate this funding?	We combat social isolation amongst 2SLGBTQ+ seniors by providing a wide variety of wheelchair accessible activities: We could increase the frequency and also provide food as some members have indicated it is difficult for them to navigate potlucks, especially with mobility issues and transportation. We also collect and could now digitize queer archives from our senior activists to preserved for future generations. Last we participate in research related to 2SLGBTQ+ topics and could provide increased participation from and to rural members
Describe the difference this funding will make for your organization **and** community.	We could potentially improve our events, reach out to more of our rural members including arranging transportation or provide digital/phone outreach or by engaging with underserved communities outside HRM with some events like local Prides in Truro and Annapolis Valley. We would be able to hire a full-time person to help catalogue and digitize and archive our collection from now deceased activists that might otherwise be lost.
Impact Indicators: (choose up to **three** indicators you expect to achieve with this funding)	☐ Improved organizational stability or staff retention ☑ Increased hours of service or accessibility ☑ Expanded programs and services ☑ New partnerships or collaborations ☐ Strengthened trust with community members ☐ Other (please describe): _____

Budget

Expense Category	Expense Description	Total	Requested Funding Amount
Events Programming	Increase frequency and provide food	$7,200	$7,200
Transportation	Provide transport and outreach	$4,000	$4,000
Archving	Full-time archivist	$70,000	$70,000
TOTAL PROJECT EXPENSES		$81,200	$81,200

Project Contacts, Consent, and Declaration

Project Contact Information *

	Primary Contact Person	Secondary Contact Person
Name	Nathan Elling	Daniel McKay
Role	Vice-Chair	Secretary
Telephone	(902) 847-5322	(902) 499-0488
Email	nathan.elling@gmail.com	daniel@bonmot.ca

Consent

- ☒ I consent to the sharing of information contained in this application with other government departments for the purposes of evaluating this application (required)
- ☒ I consent to the sharing of information contained in this application with other government departments to assist in identifying any other appropriate funding programs that may be available for the organization I represent in this application
- ☒ I consent to the Office of Equity and Anti-Racism adding the contact information, including name, mailing address and e-mail, to a distribution list to receive updates on programs, services, news, and events

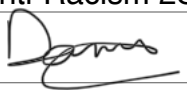
Declaration

As a representative of a community organization:

- I have carefully read the application guidelines and the applicant eligibility criteria for this program and confirm that the organization meets the eligibility criteria for this funding.
- I understand that organizations that receive funding are expected to register and make contributions to OEA's Community Network Site. This includes sharing information on the project (e.g., sharing resources developed, advising of upcoming engagements and meetings, essay-style postings about the project and any results).
- 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 final reports associated with other government funding have not been submitted and approved.
- I will act as the representative of the organization and will keep all participants informed of the application content and any funding decisions.
- I am aware that the information I have provided in this application form is subject to the Freedom of Information and Protection of Privacy Act, and any request to disclose my personal information requires my written consent before it can be shared with a third party.

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

You **must** be a staff or board member of the organization, with signing authority.	
Name	Daniel MacKay
Title	Secretary & PAST President

Signature	
Date	2026-02-27
Email	daniel@bonmot.ca