

Application Deadline (check one): July 31, 2019  
October 31, 2019

For office use only:	DCCF CCI
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\* Red star indicates required information

APPLICANT INFORMATION				
Name of Applicant Organization *				
Street Number *	Street Address*			Suite
PO Box	City/Town *	County *	Province *	Postal Code *
Email *		Website		

Provide your Nova Scotia Registry of Joint Stocks Registration Number*		
Identification Number (Canada Revenue Agency)		
CHAIRPERSON	APPLICATION CONTACT	
Chairperson or Chief *	Contact Name *	
Telephone (Primary) *	Telephone (Primary) *	
Telephone (Alt)	Telephone (Alt)	
Fax	Fax	
Email *	E-Mail	

PROJECT GOALS (check all the ones that apply)*	
<p>Increase access to and participation in programs and services that support diversity and social equity.</p> <p>Increase education, awareness and appreciation of traditionally marginalized groups in NS and the diversity of NS communities.</p> <p>Increase capacity within organizations that represent traditionally marginalized groups.</p>	<p>Create opportunities to build an awareness and understanding among Nova Scotians of the richness of our cultural communities.</p> <p>Support organizations to explore, develop and promote their cultural identities.</p> <p>Support activities which encourage tolerance and understanding of our cultural diversity.</p>

**SPECIFY THE ORGANIZATION'S PRIMARY TYPE OF ACTIVITY**

Community-based

Diversity Focused

Cultural Focused

Other (please specify):

**PROJECT INFORMATION**

Project Title\*

Provide a short description of the proposed project (1 sentence) \*

Project Start Date \*

Project End Date \*

Amount Requested (Not more than 75% of total costs) \*

Total Proposed Project Cost \*

In which municipality or town is your proposed project going to be located? (Please specify below)\*

1) Has this activity been funded previously under this program?

If yes, when?

Yes

No

2) Has/will this activity receive other provincial funding?

If yes, when?

Yes

No

From what program?

3) Is a public event part of your project? (not required)

If so, what is the proposed date and location?

Yes

No

**YOUR PROPOSED PROJECT - The following questions form the main part of your application. Please answer in full.**

1. Provide a brief description of your organization including when established, mandate or purpose of the organization, and nature of regular activities. Include how this project helps to fulfill your organization's mandate.
2. Describe the project briefly but comprehensively. Include the names of project personnel and collaborating organizations (if applicable). Attach resumes/biographies of principal participants, letters of commitment, or information from other partners as appendices. If support or participation is tentative, include the names of the people/organization who will be approached to assist with the project.
3. Clearly define how the project's objectives will support one or more of the program goals by the project (see page 1) and explain how you will achieve these objectives.
4. Provide a work plan, including a timeline (table format is recommended). This should include key milestones in project planning and delivery. Dates can be tentative.
5. Describe how the success of the project will be measured and include applicable evaluation documents.
6. What relationships will your organization develop or strengthen within your community by carrying out this activity? (Name specific organizations if relevant)
7. Detailed financial information for your proposal must be provided. There is a financial template (available on our website) which can be completed and included with your application.

**APPLICATION CHECKLIST**

Have you discussed your project with the program officer? (recommended)

Have you completed all application sections?

Do your project expenditures and revenues balance?

Is your application signed?

Will your project contact be easily reached by program staff? (if an organization representative with knowledge of the program cannot be reached, this may delay funding if successful)

Have you answered all seven (7) questions?

**CONTACT INFORMATION**

*Please send your completed application to:*

Mail:

Communities Nova Scotia  
Communities, Culture and Heritage  
P.O. Box 456 STN Central  
1741 Brunswick Street  
Halifax, NS B3J 2R5

or

Email: [CommunitiesNS@novascotia.ca](mailto:CommunitiesNS@novascotia.ca)

Fax: (902) 424-0710

Telephone: (902) 424-5793

## CONSENT

I consent to the sharing of information contained in this application with other government departments, organizations or contractors that the Department of Communities, Culture and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) or Arts Nova Scotia has a data sharing agreement with.

I consent to the Department of Communities, Culture and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) or Arts Nova Scotia 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 an organization or Mi'kmaw Band:

- I have carefully read the application guidelines and the applicant eligibility criteria for this program, and confirm that the organization or Mi'kmaw Band 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 or Mi'kmaw Band and will keep all participants informed of the application content and any funding decision.
- I am aware that information I have provided in this application form is subject to the *Freedom of Information and Protection of Privacy Act*, and any request for my personal information requires my written consent before it can be shared with a thirdparty.

I accept all of the declaration statements above that are applicable to me as a representative of an organization or Mi'kmaw Band. I understand that not accepting these statements as true will affect eligibility for this funding application.\*

Signature\*

Title (if applicable)

Name (print) \*

Date \*