

For projects that meet the following objectives:

- Supports the creation and development of film and tv projects by Nova Scotian filmmakers.
- Strengthens the Nova Scotia film and TV industry by developing Nova Scotia filmmakers, writers, producers.
- Provides for inclusion and gender parity.

Mandatory fields are indicated with an \*

## Applicant information

Name of organization/business\* \_\_\_\_\_

Mailing address\* \_\_\_\_\_  
Street number\* Street address\* Suite  
PO Box City/town\* County\* Province\* Postal code\*  
NS

Social media Email\* \_\_\_\_\_ Website \_\_\_\_\_  
Twitter \_\_\_\_\_ Facebook \_\_\_\_\_  
Other social media accounts \_\_\_\_\_

Nova Scotia Registry of Joint Stocks registration number\* \_\_\_\_\_

Canada Revenue Agency identification number, if applicable \_\_\_\_\_

## Contact details

Chairperson or business owner\* \_\_\_\_\_

Phone/fax Primary\* \_\_\_\_\_ Alternate \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

Other contact who can answer questions about your application: \_\_\_\_\_

Phone/fax      Primary \_\_\_\_\_ Alternate \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Tell us about your proposed project

Name of project \_\_\_\_\_

Type of project       TV       Film

Script development stage \_\_\_\_\_

Project start date (mm/dd/yyyy) \_\_\_\_\_ Project end date (mm/dd/yyyy) \_\_\_\_\_

Amount requested \_\_\_\_\_ Total project cost \_\_\_\_\_

Project locations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Attach your project proposal as a separate document

Include each of the following seven topic areas:

**1) Project Summary:** Give a snapshot of your script writing proposal, highlighting the most pertinent information.

**2) Business/Organizational Profile** of your production company.

**3) Project Proposal**

- What is the project? What work needs to be done and how and when will it be carried out?
- Include a list of any partners and give a short description of their involvement in the project. Identify those partners who meet the funds inclusion and/or gender parity objective.
- How much do you need? What funding is required and what are your partners contributing?

- 4) Critical Path:** Identify project start and end date, and any key milestones within the project.
- 5) Financial Capacity:** This program funds up to half of an approved project. Explain how your business/ organization will finance the other half.
- 6) Appendices:** Include any documents that could help us better understand your project.
- 7) Project Budget:** Use the Screenwriters Development Fund Budget template to prepare your project budget [cch.novascotia.ca/screenwriters-development-fund](http://cch.novascotia.ca/screenwriters-development-fund).

## Make it official

### Sign your application and agree to our terms

- I certify that the information provided in this application package is true, correct, and complete in every respect. I understand that if it is not, the application may be considered ineligible.
- I confirm that I have carefully read the application guidelines and eligibility criteria for this program and that the organization I represent meets the eligibility criteria.
- I understand 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 and that my current application may not be eligible if any of my final reports have not been submitted and approved.
- I understand that successful applicants must sign a “Terms and Conditions” letter that outlines the requirements and responsibilities that come with the funding.
- I understand that once funding is approved any change to the proposal must have prior approval of the Department of Communities, Culture and Heritage and that a new budget may need to be submitted reflecting the changes.
- I understand that the personal information provided on this form and any attachments will be used only for the purposes of administering the Screenwriters Development Fund. It is collected under the authority of Section 26(a) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the act.
- I understand that, if successful, our organization name and project name (as noted on the application form) and approved funding amount may be disclosed in accordance with the departmental Routine Access Policy.
- I consent to the sharing of my information 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 accept all the declaration statements above that are applicable to me as an applicant. I understand that not accepting these statements as true will affect eligibility for this funding application.\*

Signature of Authorized Official\* \_\_\_\_\_ Date \_\_\_\_\_  
(see below if submitting by email)

Printed name of the Authorized Official \_\_\_\_\_

Title of Authorized Official \_\_\_\_\_

**Sign up to receive email updates on programs,  
services, news, and events (optional)**

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- I consent to the Department of Communities, Culture and Heritage (including African Nova Scotian, Acadian, and Gaelic Affairs) or Arts Nova Scotia adding my name, mailing address, and email to a distribution list to receive updates on programs, services, news, and events.

**Submit your application package by mail or email**

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**Contact Information**

Mickey Quase

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