

Please complete in full.

Part A Organizational Details

Organization (*official name*) _____

Project Contact _____

Name of Chair (*if applicable*) _____

Mailing address _____

City/Town _____ Province _____ Postal code _____

Contact Work Phone _____ Alternate Phone _____

Email _____

Alternate Email _____

Is your organization a non-profit society or non-profit cooperative? Yes No

Are you registered with the Nova Scotia Registry of Joint Stocks? Yes No Pending

If yes, please provide your Registry of Joint Stocks Registration Number. _____

Are you federally registered? Yes No

If yes, please provide your charitable registration number. _____

Has the organization applied to CCH programs before? Yes No

If so, which programs and when?

Part B Project Details

Project Title _____

Total Project Costs _____ Funding Request _____

Start Date _____ End Date _____

Location of Activity _____

Is a public event part of your project? (*not required*) Yes No

If so, what is the proposed date and location?

Date _____ Location _____

Project Theme: *Select all that apply.*

- Children
- Mental Health and Addictions
- Housing
- Economic Inclusion (Workforce Attachment)

Project Impact: Please Indicate the impact(s) of the project. *Select all that apply.*

- Address the root cause of poverty
- Alleviates the impacts of poverty
- Prevents or breaks the cycle of poverty
- Builds capacity and/or resilience of individuals or families
- Builds capacity of local communities to address their own poverty related priorities
- A community collaboration
- Focuses on innovative approaches that create or increase opportunities to address poverty



Part C Project Budget

All applicants must complete the budget form below. For Tier 2 project projects, it is recommended that a separate, detailed budget be submitted.

Project Budget - Expenses

Item	Total cost of item	Notes
Administration		
Rentals and Purchases		
Travel		
Resources/ Supplies		
Professional Fees		
Honouraria		
Marketing		
Other		
Totals		



Project Budget - Revenues

Source	Cash (\$)	In-kind (\$)	Notes	Confirmed? Yes or No
Applicant				<input type="checkbox"/> <input type="checkbox"/>
Municipal Government				<input type="checkbox"/> <input type="checkbox"/>
Provincial Government				<input type="checkbox"/> <input type="checkbox"/>
Federal Government				<input type="checkbox"/> <input type="checkbox"/>
Donations				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
Other				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
Amount Requested				
Totals				

Part D Project Details

Complete on a separate sheet and submit.

1. Briefly describe your organization including when established, mandate or primary purpose of the organization, and nature of regular activities.
2. Describe the project briefly but comprehensively and include the name(s) and role(s) of project staff.
3. Clearly explain how the project focuses on one or more of the themes and how the project will be evaluated.
4. Explain who will participate and benefit from the project. Identify if the project will engage or involve traditionally marginalized community members and/or if the project will be available or held in a traditionally marginalized community.
5. How many people do you hope will participate or benefit from your project? Explain how participants will be engaged.
6. Clearly explain how partnerships and/or volunteers will be involved in the project. For Tier 2 (Community Collaborations) projects, the names and letters of commitment for collaborating staff and organizations must be included.
7. Provide a work plan for the project, including a timeline and indicating key dates. Dates may be tentative.

Declaration

As a representative of an organization, consortium or group (including ad-hoc group):

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that the organization, group (including ad-hoc) 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 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, consortium or group and will keep all participants informed of the application content and any funding decision.
- I agree to implement an evaluation under the support of the Province's Evaluation consultant.

I accept all 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.

Signature _____ Position _____ Date _____

Send completed, signed applications and supporting information to:

Building Vibrant Communities Program

Communities, Culture and Heritage

1741 Brunswick Street, 3rd Floor

PO Box 456

Halifax, Nova Scotia B3J 3X8

Email: CommunitiesNS@novascotia.ca

Fax: 902-424-0710

For further information call 902-424-4506