

Community Food Access and Literacy Fund

Application Form 2025-2026



Application Deadline: March 25, 2025

How to complete this application:

- Complete parts A, B, C using the spaces provided in the application.
- On separate pages, answer the questions in part D.
- Prepare the financial table described in part F (on page 5 and 6), or complete and attach your own.
- Sign the application and ensure you have confirmed your consent and declaration.

For your convenience, complete the checklist included in Part E to ensure all requirements are complete.

* Red star indicates required information

PART A: ORGANIZATION CONTACT INFORMATION				
Name of Applicant Organization (<i>official name</i>) *				
Street Number *	Street Address *			Unit/Suite #
PO Box	City/Town *	County *	Province *	Postal Code *
E-Mail *		Website		
NS Registry of Joint Stocks Registration Number*		Charitable Registration Number (Canada Revenue Agency)		

CHAIRPERSON CONTACT INFORMATION	PROJECT LEAD/ALTERNATE CONTACT INFORMATION
Name *	Name *
Telephone (Primary) *	Telephone (Primary) *
Telephone (Alternate)	Telephone (Alternate)
Fax	Fax
E-Mail *	E-Mail *

SELECT THE PROJECT THEME THAT IS MOST APPLICABLE TO YOUR ACTIVITY*: (Check all the ones that apply)

☐

Community Gardens and Food Access

☐

Food Literacy

PART B: SELECT WHICH TIER YOU ARE APPLYING FOR:

☐

Tier 1: For requests of \$2,500 or less

☐

Tier 2: For requests of \$2,501 to \$5,000

PART C: PROJECT INFORMATION

Project Title*

Provide a brief description of the proposed project (1-2 sentences) *

Project Start Date *

Project End Date *

Total Project Cost *

Amount Requested *

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

Has this project been funded previously under this program?

☐

Yes

☐

No

If yes, when?

Has or will this project receive other provincial funding?

☐

Yes

☐

No

If yes, when and from what program/department?

Is this project receiving funding from another program?

☐

Yes

☐

No

If yes, please name program and amount received.

*Please note that the answers to the EDIA Section are for information only and do not impact funding recommendations.

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, accessible, and inclusive. Understanding the demographics of our clients and people we serve will help us determine whether our programs, funding allocations, and processes are inclusive of Nova Scotia's diverse communities.

Please identify who your organization serves. Check all that applies. If you serve everyone, please select "General population".

☐ General Population

☐ Acadian / Francophone

☐ African Nova Scotian

☐ Gaelic / Gaels

☐ Gender Diverse

☐ Immigrants/Newcomers/Refugees

☐ Low income

☐ Men / Boys

☐ Mi'kmaq / Indigenous

☐ Persons of African Descent

☐ People Living with Disabilities

☐ Racialized Groups / Communities

☐ Seniors (65+ years)

☐ Women / Girls

☐ Youth (under 19 years)

☐ 2SLGBTQIA+

☐ If not identified above, please specify: _____

As part of CCTH's commitment to EDIA, we are interested to know if your organization's leadership is reflective of the communities you serve.

Does your organization's leadership (Board, staff, leadership, volunteers etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc.).

☐ Yes

☐ Somewhat

☐ No

☐ Unsure

☐ N/A

PART D: YOUR PROPOSED PROJECT - The following questions form the main part of your application. Please answer in full in a separate attached document.

1. Provide a brief description of your organization.
2. Describe your project briefly but comprehensively, including the names of project personnel.
3. Clearly define how the project will support one or more of the program themes (see page 1).
4. Have you connected with other food groups in your region? Please name collaborating organizations (if applicable) and briefly describe the nature of your partnership. Please provide support letters if available.
5. If your project involves a garden or greenhouse, how do you plan to maintain it over time?

PART E: APPLICATION CHECKLIST

- ☐ Have you completed all sections of the application?
- ☐ Is your application signed?
- ☐ Will program staff be able to easily reach your project contact? *(if successful, your funding may be delayed if a representative with knowledge of the project cannot be reached.)*
- ☐ Have you answered all questions?
- ☐ Have you completed your financial template?

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, Tourism 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, Tourism 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.
- ☐ As an authorized representative of my organization, I acknowledge this project will follow all applicable regulations under the Emergency Measures Act and the Health Protection Act.

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 third-party.

- ☐ * 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):

Print Name*

Date*

Please send or submit your completed application by e-mail, mail, or fax on or before the deadline

E-Mail:

CommunitiesNS@novascotia.ca

Mail or Drop-off:

Department of Communities, Culture, Tourism and Heritage
Communities Nova Scotia Unit

PO Box 456, STN Central
1741 Brunswick Street, 3rd Floor
Halifax, NS B3J 2R5

Fax:

(902) 424-0710

If you have questions or wish to speak with a Program Officer, please call (902) 424-5793

Does your project need volunteers?

VolunteerNS.ca, is a free searchable database that connects non-profits with skilled volunteers in Nova Scotia and nationwide. Volunteers can also easily search for opportunities, while organizations create profiles and receive support to fill vacancies, fostering community connections.

Visit <https://www.volunteersns.ca> for more information.



Notice to macOS and MS Windows users:

Complete the application form using either the free Adobe Acrobat Reader (get2.adobe.com/reader/) or Adobe Acrobat Pro/Standard (fee based). If this form is completed in Preview (macOS) or another third party PDF reader the form may not function as intended and responses that are entered on the form may neither save nor print correctly.

PART F: Community Access & Food Literacy - Project Financial Template (2025-2026)

* Form calculates totals automatically. Failure to provide budget details may result in a reduced score at panel review. *

Applicant:		
Project Name:		
EXPENSES	Amount	Provide Details
Professional Fees		
Labour		
Materials/supplies		
Administration		
Facilities and Equipment (rentals)		
Marketing		
Travel		
Honouraria		
Other project expenses (specify below)		
TOTAL – EXPENSES		

REVENUES AND CONTRIBUTIONS	Cash	In-Kind	TOTAL (Cash + In-Kind)	Provide Details
Applicant's Contribution (25% minimum*)				
Other NS Government Departments Funding				
		-		
		-		
		-		
Federal Funding (specify below)				
		-		
		-		
Corporate Sponsorships		-		
Municipal Funding (specify below)				
		-		
		-		
Donations		-		
Other Sources of Funding (specify below)				
Amount Requested from this Program		-		
TOTAL – REVENUES AND CONTRIBUTIONS				

* **FOR TIER 2 APPLICANTS ONLY:** A minimum 10% cash contribution is required. A 15% in-kind contribution is accepted if the contribution directly aligns with an expense.