

# Community Food Access and Literacy Fund

Application Form 2021 – 2022



**Application Deadline: May 30, 2021**

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 \*

Amount Requested \*

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

Has this activity been funded previously under this program?

Yes

No

If yes, when?

Has/will this activity receive other provincial funding?

Yes

No

If yes, when and from what program/department?

**PART D: 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.
2. Describe your project briefly but comprehensively. Include the names of project personnel and collaborating organizations (if applicable).
3. Clearly define how the project will support one or more of the program themes (see page 1).

## 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 three 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 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.

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](mailto:CommunitiesNS@novascotia.ca)

**Mail or Drop-off:**

Department of Communities, Culture and Heritage  
Communities Nova Scotia Unit

PO Box 456, STN Central  
1741 Brunswick Street, 3<sup>rd</sup> 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?

Volunteer NS is a province-wide service that connects people looking for the right volunteer opportunity to non-profit organizations looking for skilled volunteers.

Visit [VolunteerNS.ca/](http://VolunteerNS.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/](http://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 (2021-2022)

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

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

<b>REVENUES AND CONTRIBUTIONS</b>	<b>Cash</b>	<b>In-Kind</b>	<b>TOTAL (Cash + In-Kind)</b>	<b>Provide Details</b>
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)				
<b>Amount Requested from this Program</b>		-		
<b>TOTAL – REVENUES AND CONTRIBUTIONS</b>				

\* **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.