

Community Facilities Improvement Program

Application Form

Application Deadline: February 28, 2020

* Indicates mandatory fields

APPLICANT INFORMATION				
Name of Applicant Organization as it appears in the registry of joint stocks: *				
Street Number *	Street Address*			Suite
PO Box	City/Town *	County *	Province *	Postal Code *
E-Mail *		Website		

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

SPECIFY ORGANIZATION'S PRIMARY TYPE OF ACTIVITY	
<input type="checkbox"/> Community-based	<input type="checkbox"/> Diversity Activities
<input type="checkbox"/> Activities Culture Activities	<input type="checkbox"/> Not listed above, please specify

PROJECT INFORMATION			
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 *	
1. Does the organization own the property to be improved or maintain a long-term lease of at least 5 years with the property owner? a. If yes, please attach proof of ownership OR a copy of lease.		Yes	No
2. Has your organization been funded previously under this program? a. If yes, when?		Yes	No
3. Has your project been funded previously under this program? a. If yes, when?		Yes	No
4. Has/will this project receive other provincial capital funding? a. If yes, when? b. From what program?		Yes	No
5. Has the organization received other provincial capital funding in the past 5 years? a. If yes, when? b. From what program?		Yes	No

PROJECT DESCRIPTION: <i>These questions form the main part of your application. Use a separate document to complete your answers.</i>
<p>1. Provide a brief description of your organization, including when it was established, its mandate, and the nature of regular activities.</p> <p>2. Provide a full description of the proposed objective of your project. In your answer, include the dates and any information that will help describe what will happen and how. If possible, include images of the area(s) where the capital work will be undertaken. If the project costs exceed \$5,000, you must provide one cost estimate from an external service provider, i.e., a contractor.</p> <p>3. If your project is successful, what community outcomes or benefits will it achieve?</p> <p>4. Provide a full description of how the project will help make your facility more sustainable or its impact on services to the community.</p> <p>5. Provide detailed financial information for your proposal. A financial template is available on our website or on the next page. Please complete and include with your application.</p>

2019 CFIP - Project Budget

Please complete in full or use separate attachment found on the CFIP website.

Applicant:	
Project Name:	

REVENUES AND CONTRIBUTIONS	Estimated Amount	Confirmed Amount	TOTAL
Applicant's Contribution (10% minimum)			
Amount Requested from this Program			
Donated In Kind			
Other NS Government Departments Funding (specify below)			
Other Funding (specify below)			
Other Federal Funding (specify below)			
Corporate Sponsorships			
Municipality Funding (specify below)			
Other Sources of Funding (specify below)			
TOTAL - REVENUES AND CONTRIBUTIONS			

EXPENSES - List expenses below	Cash Out	Donated in-kind	TOTAL
TOTAL - EXPENSES			

PLEASE NOTE: Only completed applications will be accepted and reviewed. A complete application will include:

- The answers to all five questions as listed on page 5 of this form. You must attach a separate document you're your answers the questions.
- A complete and well detailed budget.

CONSENT

- ☐ 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 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 e-mail to a distribution list to receive updates on programs, services, news and events.

DECLARATION

As an individual applicant:

- I have carefully read the application guidelines and eligibility criteria for this program and confirm that I meet 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 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.

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 accept all of the 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*

Title (if applicable)

Name (print) *

Date *

TO CONTACT US OR TO SEND APPLICATION MATERIALS, PLEASE FIND YOUR LOCAL REGIONAL OFFICE:

<p>Cape Breton Island Cape Breton Regional Office 305 Esplanade, Suite 101 Sydney NS B1P 1A8</p> <p>Larry Maxwell Larry.Maxwell@novascotia.ca Phone: 902-563-2380 Fax: 902-563-2565</p>	<p>Counties of Yarmouth, Shelburne, Queens, Lunenburg and District of Argyle South Shore Regional Office 312 Green Street, PO Box 9000 Lunenburg NS B0J 2C0</p> <p>Debby Smith Debby.Smith@novascotia.ca Phone: 902-634-7505 Fax: 902-634-7542</p>
<p>Halifax Regional Municipality Central Regional Office 1741 Brunswick Street, 3rd Floor, PO Box 456 Halifax, NS B3J 2R5</p> <p>Andrea Redmond Andrea.Redmond@novascotia.ca Phone: 902-424-6608 Fax: 902-424-0710</p>	<p>Municipality of East Hants, Cumberland County, Colchester County Fundy Regional Office 80 Walker Street, Suite 1 Truro, NS B2N 4A7</p> <p>Peter McCracken Peter.McCracken@novascotia.ca Phone: 902-893-6215 Fax: 902-896-2425</p>
<p>Municipalities of West Hants and Clare, Counties of Digby, Annapolis and Kings Valley Regional Office 10 Webster Street, Suite 200 Kentville, NS B4N 1H7</p> <p>Meg Cuming Meg.Cuming@novascotia.ca Phone: 902-679-4390 Fax: 902-679-6748</p>	<p>Counties of Guysborough, Antigonish and Pictou Highland Regional Office 149 Church Street, Suite 4 Antigonish, NS B2G 2E2</p> <p>Rae Gunn Rae.Gunn@novascotia.ca Phone: 902-863-7380 Fax: 902-863-7477</p>