

# Community Mawio'mi Fund



ORGANIZATION INFORMATION		
Legal Name of Organization / Community:		
Street Number:	Street Address:	Unit/Suite #:
PO Box:	City/Town:	Postal Code:
CONTACT INFORMATION		
Name:		
Telephone (Primary):		
Telephone (Alternate):		
E-mail:		
EVENT INFORMATION		
Provide a brief description of the event: <i>(if you require more space or have additional documents please attach to application)</i>		
Proposed Event Date:		
Proposed Event Location:		

# Community Mawio'mi Development Fund



## FUNDING REQUEST

Please select which option below:

Mawio'mi total budget **UNDER** \$60,000  
Maximum request of up to \$5,000

Mawio'mi total budget **OVER** \$60,000  
Maximum request of up to \$10,000

Total funding request amount:

## BUDGET SUMMARY

Cost/Expenditure	Cost (\$)
<b>Expense Total:</b>	

## Revenues

Source/ Contribute	Confirmed (Y/N)	Amount (\$)
<b>Revenue Total:</b>		

FUNDING REQUEST			
<p>As a representative of an organization or Mi'kmaw Band:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I understand that my current application may not be eligible if any of my final reports have not been submitted and approved.</li> <li>I understand that an application for funding does not guarantee that funding will be awarded.</li> <li>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.</li> <li>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.</li> </ul> <p><input type="checkbox"/> I accept all 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.</p>			
<b>Signature</b>		<b>Print Name</b>	
<b>Title (if applicable):</b>		<b>Date</b>	
Please send your completed application to Communities NS by e-mail, mail, or fax to:			
<b>E-mail:</b>  <a href="mailto:EventsNS@novascotia.ca">EventsNS@novascotia.ca</a>  <b>Fax:</b>  (902) 424-0710	<b>Mail:</b>  Events Nova Scotia Department of Communities, Culture and Heritage PO Box 456 STN Central 1741 Brunswick Street, 3rd Floor Halifax, NS B3J 2R5		

**Contact the Events NS team:**

(902) 221-7561  
[EventsNS@novascotia.ca](mailto:EventsNS@novascotia.ca)