

Community Access & Food Literacy

Application Form 2020 – 2021



Application Deadline: June 19, 2020

* Red star indicates required information

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

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

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?	
If yes, when?	Yes No
Has/will this activity receive other provincial funding?	
If yes, when and from what program/department?	Yes No

YOUR PROPOSED PROJECT - The following questions form the main part of your application. Please answer in full.
<ol style="list-style-type: none"> 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).

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*

E-Mail:

CommunitiesNS@novascotia.ca

Mail:

Communities Nova Scotia Unit
Department of Communities, Culture and Heritage
PO Box 456 STN Central
1741 Brunswick Street, 3rd Floor
Halifax, NS B3J 2R5

Phone:

(902) 424-5793

Fax:

(902) 424-0710

Community Access & Food Literacy - Project Financial Template (2020-2021)

** 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.