

Diversity and Community Capacity Fund /
 Cultural Communities and Identities Fund
 Application Form 2020 – 2021



For Office Use Only: DCCF CCIF

Select which deadline to which you are applying:

July 15, 2020

August 31, 2020

October 31, 2020

* Red star indicates required information

ORGANIZATION CONTACT INFORMATION				
Name of Applicant Organization (<i>official/ registered 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)
E-mail *	E-Mail *

SPECIFY THE ORGANIZATION'S PRIMARY MANDATE*

Community-development Cultural Development Equity, Diversity and Inclusion

Other (Please Specify):

PRIMARY OBJECTIVE(S) OF YOUR PROPOSED PROJECT OR ACTIVITY*: (Check all that apply)

- | | |
|--|---|
| Increase access to programs and services that support equity, diversity and inclusion. | Increase understanding of cultural diversity. |
| Build the capacity of your organization to represent traditionally marginalized groups. | Share, explore and preserve cultural identities. |
| Increase public understanding, through education, of traditionally marginalized groups and communities in Nova Scotia. | Grow Nova Scotian's awareness and understanding of the richness of the province's cultural communities. |
| Build the capacity of your organization to host an event/activity that promotes social inclusion. | Celebrate or observe a cultural tradition for all Nova Scotians. |

PROJECT INFORMATION

Project Title*

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

Project Start Date *

Project End Date *

Amount Requested (Not more than 75% of total costs) *

Total Proposed Project Cost *

In which community or communities will your proposed project take place? (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? (list all)

Yes

No

Is a public event part of your project? (not required)

If so, what is the proposed date and location?

Yes

No

YOUR PROPOSED PROJECT - Please answer in full using a separate Word document.

1. Briefly describe your organization including:
 - when established;
 - mandate or primary purpose; and
 - nature of regular activities.
2. Describe the project. Make sure to answer the following questions:
 - What are the key activities?
 - What are project goals or objectives?
 - Who are the participants/audience?
 - Who was engaged in project planning?
 - Who are the project personnel?
 - Are you partnering with other organizations? If so, describe their role(s) and attach letters of support.
3. How does the project address one or more of the objectives? (see list on page two).
4. Provide a detailed work plan for this project. Dates can be tentative. See the Frequently Asked Questions in the guidelines for a sample.
5. What will success of your project will look like? Explain how you will evaluate you project and include applicable evaluation documents, e.g., surveys, questionnaires.
6. Include a project budget that clearly identifies revenues and expenses. A sample budget template is available.
7. If successful, how will you acknowledge the Province of Nova Scotia? (e.g., social media, print)

APPLICATION CHECKLIST *

Have you discussed your project with the Program Officer? *(This is recommended as the Program Officer can provide templates, advice on land acknowledgments, etc.)*

Have you completed all sections of the application and answered all questions?

Is your application signed? *(This is required for processing your application)*

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.)*

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.

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 to us by e-mail, mail, or fax on or before the deadline

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

DCCF / CCIF - 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 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				

* A minimum 10% cash contribution is required. A 15% in-kind contribution is accepted if the contribution directly aligns with an expense.