



Community Facilities Improvement Program Application Form

Application Deadline: February 28, 2021

* Indicates mandatory fields

SECTION 1 – APPLICANT INFORMATION				
Name of Applying Organization: *				
Mailing Address of Chairperson / Chief *				
Street Number	Street Address	Suite (if applicable)		
PO Box (if applicable)	City/Town	Province	Postal Code	
Mailing Address of Applying Organization (if different to Chairperson / Chief)				
Street Number	Street Address	Suite (if applicable)		
PO Box (if applicable)	City/Town	Province	Postal Code	
Contact Information of Chairperson / Chief		Contact Information of Project Lead		
Name of Chairperson / Chief *		Name of Project Lead *		
Telephone (Primary) *		Telephone (Primary) *		
Telephone (Alt)		Telephone (Alt)		
Fax		Fax		
Email *		Email *		
Identification Number of Applying Organization (if applicable)				
Is your organization registered under the following? * a. Nova Scotia Registry of Joint Stocks, as a not-for-profit Society, OR b. Government of Canada, as a Charity or not-for-profit Federal Corporation			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your organization's identification number: _____				
Other Information of Applying Organization				
Email *		Website		

SECTION 2 – PROJECT OVERVIEW	
Provide a short description of the proposed project (1 sentence) *	
Address where project work will take place *	
Project Start Date (no earlier than April 1, 2021) *	Project End Date (no later than January 15, 2022) *
Amount Requested (must not exceed 75% of Total Estimated Project Costs and a maximum of \$50,000) *	Total Estimated Project Costs *

SECTION 3 – PREVIOUS FUNDING		
Has your <u>organization</u> been funded previously under <u>this program</u> ? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, when?		
Has your <u>project</u> been funded previously under <u>this program</u> ? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, when?		
Has your <u>organization</u> received <u>other federal / provincial capital funding</u> in the past 5 years? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, when? _____		
b. From what program?		
Has this <u>project</u> received <u>other federal / provincial capital funding</u> in the past 5 years? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, when? _____		
b. From what program?		

SECTION 4 – ORGANIZATION AND FACILITY DETAILS
<i>Please respond in the blank spaces provided, where applicable. If more space is needed, please add an attachment.</i>
Primary Focus of Organization *
Please select your organization's primary focus: <input type="checkbox"/> Community-based Activities <input type="checkbox"/> Artistic/Creative Activities <input type="checkbox"/> Sport/Recreation Activities <input type="checkbox"/> Cultural Activities <input type="checkbox"/> Historic/Heritage Activities <input type="checkbox"/> Other, please specify: _____
Property Ownership or Lease *
Your organization must: <input type="checkbox"/> Own the property where the work will take place. Please <u>attach a copy of the deed</u> . If a deed is unavailable, please attach a copy of the most recent Property Tax Assessment. OR <input type="checkbox"/> Maintain a long-term lease of at least 5 years with the owner of property where the work will take place. Please <u>attach a copy of the lease</u> . If a lease is unavailable, please attach a recent letter from the property owner, confirming the term of lease and approval of the proposed project work.
Ownership may be verified at any time during the review process. If the property is leased, the owner may be contacted.

Organization Overview *

Tell us about your organization by answering the following questions:

- When was your organization established? What is your organization’s mandate and purpose?
- How is your organization welcoming to all Nova Scotians?

Facility Overview *

Complete the table below with details of regular activities that take place at your facility. Ensure that you have also addressed the following points:

- If your facility is used by other communities, organizations or individuals, please attach letters to confirm use or copies of agreements.
- Where possible, please attach flyers or posters of activities and events.

What are some of the regular activities held at your facility, and how is your facility used?	Who leads this activity and why?	Who participates and how many?	When or how frequently does this activity take place?
<i>Example 1: 'XYZ Organization' uses our facility to prepare hot dinners and lunches in the kitchen. The meals are served in the hall for those would like to eat together and socialize. Copy of the agreement is attached.</i>	<i>'XYZ Community Organization', as they do not have their own kitchen/facility.</i>	<i>20 vulnerable seniors & 10 families with young children living in the community.</i>	<i>Ongoing, every weekend.</i>
<i>Example 2: Two big cultural celebrations 'ABCD' and 'EFGH' were held at the hall. The stage was used for performances. The kitchen was used to prepare food. Flyers are attached.</i>	<i>Our organization's members and volunteers.</i>	<i>Over 100 people at each, including seniors, families, youth & visitors</i>	<i>'ABCD' on August 1st, 2020 and 'EFGH' on December 19th, 2020.</i>

SECTION 5 – PROJECT DETAILS

Please respond in the blank spaces provided, where applicable. If more space is needed, please add an attachment.

Project Reasons *

Tell us about the reason(s) for the proposed project, by answering the following questions:

- Why is this project important for your organization?
- Is this project part of a larger/phased plan to improve your facility? Please explain your response.

Community Outcomes and Benefits *

If your project is successful, tell us about the proposed community outcomes and benefits, by answering the following questions:

- How will this project help sustain, improve or expand the current users' access to your facility and activities?
- How will this project help sustain, improve or expand the public's access to your facility and activities?

Project Work and Estimated Project Costs *

Complete the table below with details of the proposed project work and estimated project costs. Ensure that you have also addressed the following points:

- Project work must be completed between April 1, 2021 and January 15, 2022. If this project is part of a larger/phased plan, ONLY include project work that will be completed between these dates.
- If the Total Estimated Project Costs exceed \$5,000, please attach a cost estimate from an external contractor/supplier for all cash costs.
- Where possible, please attach images of your facility, showing area(s) where project work will take place.

What will happen and how?	Who will be involved?	When?	Cost (\$)
<i>Example 1: Replace drywall and insulate walls – Contractor assesses walls inside the hall, removes old drywall, inserts insulation bats, and adds new drywall on the structural frame. Cost includes material and labour. Estimate is attached.</i>	ABC Contractor Inc.	Aug 1 – Aug 31, 2021	\$5,000
<i>Example 2: Paint walls – 2 volunteers will paint walls inside the hall once ABC Contractor finishes their work. Donated/in-kind cost includes 2 volunteers x 3hrs/day x 5days x \$20/hr = \$600</i>	Volunteers	Sept 1 – Sept 7, 2021	\$600
Total Estimated Project Costs			

Project Revenues and Contributions *

Complete the table below with details of the project revenues and contributions. Ensure that you have also addressed the following points:

- Your organization must contribute to at least 10% of the Total Estimated Project Costs.
- The value of donated/in-kind contributions of labour and materials can be included below, if they are essential to the project. Please ensure a breakdown of the donated/in-kind contributions is included on Page 5.
- Total Project Revenues and Contributions must be equal to the Total Estimated Project Costs.
- If revenues/contributions are confirmed, please attach documents/letters of confirmation.

What are the sources of revenue/contribution for this project?	Cash (\$)	Donated / In-Kind (\$)	Confirmed? (Yes or No)	Total (\$)
Your Organization's Contribution: <i>Refer to points mentioned above</i>				
Amount Requested from this Program: <i>Must not exceed 75% of Total Estimated Project Costs and a maximum of \$50,000</i>		N/A	No	
Provincial Funding from other CCH programs or other NS Government Departments (specify below):				
		N/A		
		N/A		
		N/A		
Federal Funding (specify below):				
		N/A		
		N/A		
Municipal Funding (specify below):				
		N/A		
		N/A		
Corporate / Business Sponsorships (specify below):				
Other Sources of Funding (specify below):				
Total Project Revenues and Contributions				

SECTION 6 – CHECKLIST

Only completed applications will be accepted and reviewed.

Applications are considered complete when ALL of the following items are addressed/included in your application package, at the time of submission (please check-off the boxes below): *

- The 2021-22 Community Facilities Improvement Program Guidelines have been reviewed and understood.
- Responses to all mandatory fields marked with * are complete in this Application Form.
- A copy of proof of property ownership/leasing is attached, as mentioned on Page 2 of this Application Form.
- Letters to confirm use or copies of agreements are attached, if the facility is used by other communities, organizations or individuals.
- Flyers or posters of activities and events are attached, where possible.
- A cost estimate from an external contractor/supplier is attached for all cash costs, if the Total Estimated Project Costs exceed \$5,000.
- Where possible, images of the facility are attached, showing area(s) where project work will take place.
- Documents/letters of confirmation are attached for confirmed revenues/contributions.
- The 'Declaration' has been reviewed and accepted, on Page 8 of this Application Form.
- The Application Form has been signed and dated by the Chairperson / Chief, on Page 8.

SECTION 7 – CONSENT AND DECLARATION

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 of Chairperson / Chief *

Title (if applicable)

Name of Chairperson / Chief (print) *

Date *

SECTION 8 – CONTACT US**To contact us or to send application materials, please find details of your local regional office below**

<p>Cape Breton Island</p> <p>Cape Breton Regional Office 850 Grand Lake Road, Suite 15 Sydney, NS B1P 5T9</p> <p>Larry Maxwell / Natalie MacPherson Regional Manager / Administrative Assistant Office: (902) 578-4813 Fax: (902) 563-2565 Larry.Maxwell@novascotia.ca Natalie.MacPherson@novascotia.ca</p>	<p>Counties of Yarmouth, Shelburne, Queens, Lunenburg and District of Argyle</p> <p>South Shore Regional Office 312 Green Street, PO Box 9000 Lunenburg, NS B0J 2C0</p> <p>Anna Haanstra / Denise Scott Regional Manager / Administrative Assistant Office: (902) 930-2872 Fax: (902) 634-7542 Anna.Haanstra@novascotia.ca Denise.Scott@novascotia.ca</p>
<p>Halifax Regional Municipality</p> <p>Central Regional Office 1741 Brunswick Street, 3rd Floor PO Box 456 Stn Central Halifax, NS B3J 2R5</p> <p>Andrea Redmond / Deborah Fram Regional Manager / Administrative Assistant Office: (902) 456-5908 Fax: (902) 424-0710 Andrea.Redmond@novascotia.ca Deborah.Fram@novascotia.ca</p>	<p>Municipality of East Hants, Cumberland County, Colchester County</p> <p>Fundy Regional Office 80 Walker Street, Suite 1 Truro, NS B2N 4A7</p> <p>Peter McCracken / Teresa McNutt Regional Manager / Administrative Assistant Office: (902) 324-8392 Fax: (902) 896-2425 Peter.McCracken@novascotia.ca Teresa.McNutt@novascotia.ca</p>
<p>Municipalities of West Hants and Clare, Counties of Digby, Annapolis and Kings</p> <p>Valley Regional Office 10 Webster Street, Suite 200 Kentville, NS B4N 1H7</p> <p>Anna Sherwood / Tracy Roberts Physical Activity Consultant / Administrative Assistant Office: (902) 698-9407 Fax: (902) 679-6748 Anna.Sherwood@novascotia.ca Tracy.Roberts@novascotia.ca</p>	<p>Counties of Guysborough, Antigonish and Pictou</p> <p>Highland Regional Office 149 Church Street, Suite 4 Antigonish, NS B2G 2E2</p> <p>Rae Gunn / Chantel Gurney Regional Manager / Administrative Assistant Office: (902) 338-0659 Fax: (902) 863-7477 Rae.Gunn@novascotia.ca Chantel.Gurney@novascotia.ca</p>