

Application Deadline: February 14, 2025 by 11:59pm

Applicants are strongly encouraged to contact the Program Officer to discuss their project before applying. Please refer to the grant guidelines to ensure you are eligible for this grant, based on primary function of your facility and total accessibility costs.

Section 1 – Applicant Information

Section 1 is for information only and does not impact scoring.

Name of Applying Organization (if applicable, as it appears in [NS Registry of Joint Stocks](#)):

[NS Registry of Joint Stocks](#) or [Federal Charity](#) number: _____

Mailing Address of Organization

Street Number _____ Street Name _____

PO Box (if applicable) _____ City/Town _____

County _____ Postal Code _____

Civic Address of Facility (if different from mailing address)

Street Number _____ Street Name _____

PO Box (if applicable) _____ City/Town _____

County _____ Postal Code _____

Contact Information of Chairperson / Chief / Senior Management

Name of Chairperson/Chief/Sr. Management Lead _____

Telephone (Primary) _____ Telephone (Alt) _____

E-Mail _____

Contact Information of Project Lead

Name of Project Lead _____

Telephone (Primary) _____ Telephone (Alt) _____

E-Mail _____

Organization E-Mail (if not listed above):

We strongly encourage organizations to establish an organization email so if there are organizational changes, the organization has a central email for record keeping and correspondence.

Type of Organization – select one

Our organization is one of the following:

- A not-for-profit Society registered with [Nova Scotia Registry of Joint Stocks](#), or
- A [Charity](#) or **not-for-profit Federal Corporation** with the Government of Canada, or
- Mi'kmaw Band Council, Prescribed Public Service Bodies (i.e. Municipality or Village) or
- Regional Centre for Education, post secondary institution or Conseil scolaire acadien provincial
- Other: _____

Primary Focus of Facility

What is the primary focus of your facility (check one)?

- | | |
|---|---|
| <input type="checkbox"/> Arts / Cultural Activities | <input type="checkbox"/> Community Based Activities |
| <input type="checkbox"/> Food /Wellness | <input type="checkbox"/> Heritage |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Service Organization |
| <input type="checkbox"/> Sport and Recreation | <input type="checkbox"/> Library |
| <input type="checkbox"/> School/Education | <input type="checkbox"/> Health Centre |
| <input type="checkbox"/> Other _____ | |

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Some useful resources for this section are:

- Nova Scotia Access by Design 2030: novascotia.ca/accessibility
- Nova Scotia’s Equity and Anti-Racism Strategy: [equity-and-anti-racism-strategy.pdf](#) (novascotia.ca)

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, accessible, and inclusive. Understanding the demographics of our clients and people we serve will help us determine whether our programs, funding allocations, and processes are inclusive of Nova Scotia’s diverse communities.

Continued on the following page...

Please identify who your organization serves. Check all that apply. If you serve everyone, please select “General population”.

- | | |
|---|--|
| <input type="checkbox"/> General population | <input type="checkbox"/> African Nova Scotian |
| <input type="checkbox"/> Persons of African Descent | <input type="checkbox"/> Mi'kmaq / Indigenous |
| <input type="checkbox"/> Racialized Groups / Communities | <input type="checkbox"/> Immigrants / Newcomers / Refugees |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Low income |
| <input type="checkbox"/> Youth (under 19 years) | <input type="checkbox"/> Seniors (65+ years) |
| <input type="checkbox"/> Acadian / Francophone | <input type="checkbox"/> 2SLGBTQIA+ |
| <input type="checkbox"/> Gender Diverse | <input type="checkbox"/> Men / Boys |
| <input type="checkbox"/> Women / Girls | <input type="checkbox"/> Gaelic / Gaels |
| <input type="checkbox"/> If not identified above, please specify: _____ | |

As part of CCTH’s commitment to EDIA, we are interested to know if your organization’s leadership is reflective of the communities you serve. See CCTH’s EDIA commitment statement in our grant guidelines.

Does your organization’s leadership (Board, staff, leadership, volunteers etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc.).

- Yes**
 Somewhat
 No
 Unsure
 N/A

Facility Inventory

Please answer the following questions about your facility:

- | | | | |
|--|-------------------------------------|------------------------------------|-------------------------------------|
| 1. Does your facility currently offer free Wi-Fi? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Does your facility provide barrier-free access (i.e. ramp, or lift to enter the facility)?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Does your facility have at least one accessible washroom?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Are all or some of your hallway and door frames wide enough to allow a wheelchair to pass through?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Does your facility have a commercial kitchen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Does your facility have an emergency backup generator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Does your facility have an Automatic External Defibrillator (AED)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

* See [NS Building Code](#) or [National Standard CSA-B651](#) for guidance.

Section 2 – Project Overview

Starting in Section 2, unless otherwise stated, your answers are scored and/or considered in eligibility assessment.

2.1 Project Title: _____

2.2 Provide a short description of the proposed project (1-2 sentences):

Project Start Date: _____ Estimated Project End Date: _____

(no earlier than April 1, 2025 or file open date)

Total Cost – Accessible components* **Amount Requested**

* This total will auto-populate from the financial table in Section 5. Based on grant criteria, **Amount Requested** should not exceed 66% of **Total Cost - Accessible Components**. Total request can not be greater than \$50,000.

Section 3 – Organization and Facility Overview

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

3.1 Property Ownership or Lease*

Our organization:

- Owns the property where the work will take place.
Please **attach a copy of the deed**. If a deed is unavailable, please attach a copy of the most recent Property Tax Assessment.

or

- Maintains a long-term lease of at least 5 years with the owner of property where the work will take place. Please **attach a copy of the lease**. 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.

3.2 Organization Overview

Answer the following question in 3-4 sentences/bullets:

- a. Tell us about your organization, including the year it was established, and how your organization is governed.
- b. Tell us about your primary mandate or purpose.

3.3 Facility Overview

3.3.1 Tell us about your **facility** in 3-4 sentences/bullets:

- a. Please describe the overall facility and the primary function(s) of the facility you are seeking funding for.
 - Include details such as the main users or tenants of your building, what are the main programs or services offered, who is the primary demographic served, who are your common partners in program delivery or access to the facility?
- b. Name any accessibility components and/or distinct features your facility has.

Section 4 – Project Details

4.1 Project Need and Planning

4.1.1 Tell us about the proposed project by answering the following questions:

- a. Provide a brief summary of the work to be completed and an overview of the implementation timeline. If there are multiple components to this project, which items are the priority?
- b. How was the need identified? If applicable, in what ways are climate change, and/or resiliency to extreme weather events, informing the need for this project and/or your decisions and design?
- c. Renovations, and new builds, are to be built to an accessibility standard (see [CSA-B651](#) or [NS Building Code](#)). How will you ensure this standard is met?
- d. **Attach photos of the barrier.**

4.2 Community Outcomes and Benefit

4.2.1 If your project is successful, tells us about the expected benefits:

- a. What will be the *primary* outcome (change or impact) of this project or investment?
- b. Who will benefit *most* from this project? Who else will benefit?

4.3 Community Engagement and Inclusion

4.3.1 a. Explain in detail how this project or your organization fosters community engagement and inclusivity.

- b. Demonstrate how this project or your organization strives to include the broader community, and how you work to include groups that are traditionally **underrepresented**¹ and/or **underserved**² in your area.

1 **Underrepresented**: An underrepresented community refers to a group of people who are not adequately represented or have limited presence or visibility in certain domains or contexts, such as social, political, economic, educational, or cultural spheres. These communities typically experience marginalization, discrimination, or exclusion due to various factors, including race, ethnicity, gender, sexual orientation, disability, socioeconomic status, or other characteristics.

2 **Underserved**: The term “underserved” implies that the community is not receiving or has not received an adequate level of support or attention from institutions, organizations, or government agencies. This lack of access can manifest in various areas, including health care, education, employment, housing, transportation, social services, and access to sport, physical activity and recreation.

4.4 Project Viability & Sustainability

4.4.1 Tell us about your organizational capacity:

- a. What are some other projects your organization have accomplished that demonstrate your capacity to complete the project you are seeking funds for? Provide details like year, approx. project cost and final result.
- b. Project team: Who will provide leadership, oversight, and management of this project? Please provide name(s), title(s) and project role and relevant skills or experience.

Section 5 – Project Budget And Funding

Complete the tables below with all eligible project costs to determine total project cost.

Please see grant guidelines for full guidance on project budget inclusions and what is eligible or ineligible.

Total Cost of Accessible Components

- List the entire cost of the accessible project you are seeking funding for
- As feasible, separate costs by vendor/supplier based on quotes.

| Selected Vendor/Supplier & in-kind | Description (components, details or math for in-kind) | Amount | Quote/Estimates Attached? (if No see section 5.1) |
|------------------------------------|--|--------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Est. Project Cost | | | |

Project Funding Sources – List all funding sources, including section for donated and in-kind contributions. If **ALL** components and costs of your project are direct investments in accessibility, please just complete the accessible components finance table below.

| Funding Source | Description | Amount | Funding status (required) | |
|--|-------------|--------|---------------------------|--------------------------|
| | | | Confirmed | Pending |
| Applicant cash contribution (reserves, revenues, loans, donations) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Federal Government Funds | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Municipal Government Funds | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Provincial Government Funds | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

In-Kind/Volunteer contributions – If applicable, please provide math and details on in-kind contribution, ie. # of hrs x hourly rate, or discounts on materials/equipment. Attach a separate document as needed.

| | | | | |
|-------------------|--|--|--------------------------|--------------------------|
| In-kind Labour | | | <input type="checkbox"/> | <input type="checkbox"/> |
| In-kind Materials | | | <input type="checkbox"/> | <input type="checkbox"/> |
| In-kind Equipment | | | <input type="checkbox"/> | <input type="checkbox"/> |
| In-kind Other | | | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|------------------------------|
| Total Project Funding |
|------------------------------|

Amount requested should be total cost-accessible components less total funding sources. Request can be no more than 66% of total cost-accessible components and the request can be no more than \$50,000.

Amount requested from grant: _____

Complete below sections as needed.

5.1 If Applicable to Your Submission:

Applicants are required to demonstrate competitive pricing and attach all quotes. If relevant, **please include any pertinent details and/or rationale about your project budget, quotes, vendor selection or contingency.**

For example:

- If 3 quotes are not possible, provide rationale and/or details on all attempts to secure quotes from suppliers.
- **OR** fully outline, or attach, the procurement process you plan to undertake for this project.
- Add attachments as appropriate.

5.2 Optional:

Please include anything else you would like to share with us about your project. This section is not scored.

Section 6 – Checklist

Applications are considered complete when the following required and applicable items are included in your application package at the time of submission. Please check the boxes below.

Incomplete applications may be considered ineligible.

Required Items

- All 2025-26 information sections are complete, and all questions are answered.
- A copy of proof of **property ownership/leasing** is attached, as mentioned on Page 4 of this Application Form.
- Images of the facility are included, showing area(s) where project work will take place. Pictures may be taken from a distance if area is not safely accessible
- Detailed Estimates** and Justification of Bid Selected: a minimum of 3 bids recommended on contracted work. If 3 bids can't be obtained, please explain why in Section 5.1. Provide justification of bid selected if it is not the lowest one received.
- If the project has significant in-kind labour or donated materials, please include a separate detailed breakdown of in-kind contributions. See labour rates in guidelines.
- Proof of skilled labour: Provide a copy of the contractor's professional ID card, if using skilled labour as an in-kind contribution in the project.
- The Application Form has been signed and dated by signing authority(ies), on Page 14.
- Applicant has disclosed if they have, or intend to secure, funding from another source(s) for this project.

If Applicable Items

- Any relevant supporting documents are attached (e.g. feasibility studies, photos, letters of support, accessibility audits, needs assessments, organizational plans or project phase overview)
- Copies of permits and reports, where required or applicable. This may include needs assessment, lifecycle plans, building/inspection/occupancy permits.
- Confirmation of confirmed revenues/grants/in-kind contributions.

Applicants should receive an email confirming that their application was received. If you do not receive this email, please contact AccessAbilityGrants@novascotia.ca or (902) 233-8379 within 2 weeks of submission.

Section 7 – Consent and Declaration

Consent (please check boxes below to consent)

- I consent to the sharing of my information with other government departments, organizations or contractors that the Department of Communities, Culture, Tourism 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, Tourism 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 a representative of an organization:

- I have carefully read the application guidelines and eligibility criteria for this program, and
 - I confirm that the organization I represent meets the eligibility criteria to the best of my understanding.
 - 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 and will keep all participants informed of the application content and any funding decision.
- I accept all the declaration statements above that are applicable to me as a representative of an organization. I understand that not accepting these statements as true may affect eligibility for this funding application.

Signature of Signing Authority (Position/Title & Print Name)

Date

Section 8 – Contact and Submission

Please send your completed application to us by email, fax or date stamped in the mail on or before the deadline.

Program Officer: Paul Tingley

Submit

E-mail: AccessAbilityGrants@novascotia.ca

Phone: (902) 233-8379

Fax: (902) 424-0710

Mail: Communities, Culture, Tourism and Heritage

Communities Nova Scotia
PO Box 456 STN Central
1741 Brunswick Street
Halifax, NS
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