NOVA SCOTIA

Trail Maintenance Grant

APPLICATION FORM 2025-2026

Applicant/Name of Trail Group:		
(as appears in NS Registry of Joint Stock Companies).		
Joint Stock Registry ID#:		
Trail Name / Location:		
Insurance Provider / Policy Number:		
Organization		
Mailing Address:	Postal Code:	
Contact 1:	Title:	
Email:		
Telephone:	Alternate #:	
Contact 2:	Title:	
Email:		
Telephone:	Alternate #:	
	Project End Date: March 31, 2026	
Project Description: Describe the project briefly but	comprehensively.	
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OFFICE USE ONLY				
Total project cost: \$		Amount requested: \$		
Amount reco	ommended: \$			
NOTES:				
Approver:	Printed Name		Signature	Date

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensure 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.

-If you are an organization, please identif	-If you are an organization, please identify who your organization serves. If you serve everyone, please select			
"General population".	"General population".			
-If you are applying as an individual, please self-identify (select all that apply).				
General population				
African Nova Scotian	People living with disabilities	2SLGBTQIA+		
Mi'kmaq / Indigenous	Low income	Gender Diverse		
Racialized groups / communities Children in care/transitioning out of care Men / Boys				
Immigrants/newcomers/refugees Underhoused / homeless Women / Girls				
Acadian / Francophone Youth (under 19 years)				
Gaelic / Gaels Seniors (65+ years)				
If not identified about, 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.

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

Yes	Somewhat	No	Unsure	n/a
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*Official signing officers for the organization.

*Signature #1		Date	
Name (print)		Position	
*Signature #2		Date	
Name (print)		Position	
PLEASE SEND TO	: ccthtrailgrants@novascotia.ca 80 Wa	alker Street, Su	uite 1, Truro, NS B2N 4A7