

Cultural and Youth Activities Program

Application Form



Indicate the application deadline: *

February 15

June 15

October 15

* required information

ORGANIZATION INFORMATION				
Name of Organization*				
Organization's Mailing Address*				Suite/Apt#
PO Box	City/Town *	County *	Province *	Postal Code *
Organization's E-mail *			Organization's Website	
Provide your Nova Scotia Registry of Joint Stocks Registration Number or your Federal Business Number*				
CHAIRPERSON/EXECUTIVE DIRECTOR		APPLICATION CONTACT (If different)		
Name *		Name *		
Telephone (Primary) *		Telephone (Primary) *		
Telephone (Alt)		Telephone (Alt)		
Fax		Fax		
E-mail *		E-Mail *		
PROJECT INFORMATION				
Project Title*				
Provide a brief description of the proposed project (1 sentence) *				
Project Start Date *		Project End Date *		
Amount Requested (Not more than 75% of total costs) *		Total Proposed Project Cost *		

PROJECT INFORMATION (cont.d)	
Has this activity been funded previously under this program ? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
Does your organization receive funding through the Operating Assistance to Cultural Organizations or Operating Assistance to Arts Organizations program (Arts Nova Scotia)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you consulted the program officer to discuss your project eligibility? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION QUESTIONS	
Please answer all questions in a separate document. Ensure you number your answers.	
Question 1: Organizational Overview (350 words max) Please briefly describe your organization including: <ul style="list-style-type: none"> • When it was established • Its mandate or primary purpose • The nature of regular activities 	
Question 2: Project Description (800 words max) Please describe the project. Make sure to answer the following questions: <ul style="list-style-type: none"> • What are the key activities of your project? • What are the project's goals or objectives? • Who are your target participants/audience? • What are the project's key milestones in project planning and delivery? (Dates can be tentative) 	
Question 3: Program Goals (500 words max) Please clearly explain how your project supports each of the program goals you have checked below: <ul style="list-style-type: none"> <input type="checkbox"/> foster artistic expression and creation with and for the benefit of community <input type="checkbox"/> encourage participation in and access to the arts for people of all ages <input type="checkbox"/> support activities that promote equity, diversity, and inclusion (EDI) <input type="checkbox"/> support people at varying levels of artistic involvement <input type="checkbox"/> support activity that contributes to the ongoing development of the arts and cultural sector <i>Be as specific as you can and address as many of the program goals as possible.</i>	
Question 4: People and Partnerships (500 words max) Please describe the following: <ul style="list-style-type: none"> • Who are the project personnel? (Include names, roles/responsibilities, relevant knowledge/experience. (Projects involving workshops/structured learning, must include biographies or resumes of instructors.) • Are you partnering with other organizations? If so, describe their role(s) and attach letters of support. 	
Question 5: Impact and Results (500 words max) Please describe the following: <ul style="list-style-type: none"> • How will the project have a significant benefit for the people involved and/or the community • How will this project support equity, diversity, and inclusion? • What will the results of your project look like and how will you evaluate success? • How will your organization develop/strengthen relationships with community through this activity? 	

FINANCIAL TEMPLATE*			
Applicant organization:			
Project title:			
REVENUES & CONTRIBUTIONS	Amount (\$)	In-kind? Y/N	Notes (if applicable)
Earned from registration fees, admissions, sales, etc			
Applicant's contribution			
Other government support (please specify in notes):			
NS government unit/department		-	
Federal government		-	
Municipal government		-	
Other funding (please specify in notes):			
Corporate sponsorships			
Donations/fundraising			
Additional sources (specify below)			
Total Revenues & Contributions			
EXPENSES	Amount (\$)	Provide brief details if amount is over \$2000	
General administrative costs (utilities, insurance, etc.)			
Operational staff costs			
Artist/instructor/resource person fees & expenses			
Venue/space rental(s)			
Equipment rental(s)			
Materials/supplies			
Promotion/publicity			
Other expenses (please specify):			
Total Expenses			
Revenues–Expenses = Surplus (Shortfall)			
AMOUNT REQUESTED		Cannot exceed shortfall amount. Cannot exceed 75% of project costs to a max of \$7500.	
% of total revenue from combine federal and provincial government sources		Cannot exceed 90%	

CONSENT *	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 *	
<input type="checkbox"/>	I have carefully read the application guidelines and eligibility criteria for this program and assess that I meet the eligibility criteria.
<input type="checkbox"/>	I am aware that all overdue final reports, for previously funded applications from the Department of Communities, Culture and Heritage must be submitted and approved before funding for any additional grants will be released.
<input type="checkbox"/>	I accept all of the declaration statements above that are applicable to me as a representative of my organization. I understand that not accepting these statements as true will affect eligibility for this funding application.
SIGNATURE*	
Signature: *	
Title/Position: *	
Name (Print): *	Date: *

APPLICATION CHECKLIST *	
<input type="checkbox"/>	Have you discussed your application with the Program Officer? (Recommended)
<input type="checkbox"/>	Have you completed all sections of the application?
<input type="checkbox"/>	Have you answered all five (5) questions?
<input type="checkbox"/>	Have you completed the financial template?
<input type="checkbox"/>	Is your application signed?

Submitting your Application

By e-mail: chdapplication@novascotia.ca

Please ensure the file names of all attachments include your organization's name.

In person/by courier: 3rd Floor, 1741 Brunswick Street Halifax, NS B3J 3X8

By regular mail: P.O. Box 456 Halifax, NS B3J 2R5

For More Information

Contact: Jessica Peddle, Community Cultural Development Officer

E-mail: Jessica.Peddle@novascotia.ca

Phone: (902) 424-6397

Program materials are subject to change without notice. Ensure you have the current application materials by accessing them online at <http://cch.novascotia.ca> before you make your application.