

Building Inclusive Communities Fund (Formerly DCCF/CCIF) Application Form 2026-2027



Accessibility Statement: If you encounter any barriers or need accessibility support during the application process, please contact the program representative at least two weeks before the deadline for assistance.

* Indicates required information.

Select which deadline to which you are applying*:

May 15, 2026

October 15, 2026

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		
Social Media Links				
NS Registry of Joint Stocks Registration Number*				
Charitable Registration Number (Canada Revenue Agency)				

CHAIRPERSON /CHIEF CONTACT	PROJECT LEAD/ALTERNATE CONTACT
Name *	Name *
Telephone (Primary) *	Telephone (Primary) *
Telephone (Alternate)	Telephone (Alternate)
E-mail *	E-Mail *

SPECIFY THE ORGANIZATION'S PRIMARY MANDATE*
<p>Community Development</p> <p>Cultural Development</p> <p>Equity, Diversity and Inclusion</p> <p>Other (Please Specify):</p>
PRIMARY OBJECTIVE(S) OF YOUR PROPOSED PROJECT OR ACTIVITY*: (Check all that apply)
<p>Support cultural diversity by bringing people together to share, explore, and celebrate cultural identities and traditions.</p> <p>Advance diversity, inclusion, and social equity by increasing public awareness and understanding.</p> <p>Expand access and remove barriers so equity-deserving individuals and community organizations can actively participate in Nova Scotia's community life.</p>

PROJECT INFORMATION		
Project Title*		
Provide a brief description of the proposed project (1-2 sentences) *		
Project Start Date *	Project End Date *	
SELECT WHICH TIER YOU ARE APPLYING FOR*		
Tier 1: For requests of \$5,000 or less	Tier 2: For Requests of \$5,001 to \$10,000	
Amount Requested (Not more than 75% of total costs) *	Total Proposed Project Cost *	
In which municipality or town will your proposed project happen? (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

EQUITY, DIVERSITY, INCLUSION AND ACCESSABILITY (EDIA)

Please note that the answers to the EDIA Section are for information only and do not impact funding recommendations.

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, diverse, inclusive, and accessible. 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.

The information you provide will help us learn if our programs and processes serve underrepresented and/or underserved communities and are inclusive of Nova Scotia's diverse population. It will be handled in accordance with applicable privacy and confidentiality regulations.

Applicant's Information:

Does your organization have a specific mandate or primary focus to serve any of the following underrepresented and/or underserved communities? Select all that apply:

- 2SLGBTQIA+
- Acadian/Francophone
- African Nova Scotian
- Gaelic/Gaels
- Indigenous
- Immigrants/Newcomers/Refugees
- Mi'kmaq
- Persons of African descent
- Persons Living with Disabilities
- Racialized Groups/Communities
- None of the above

If your identity is not listed above, you may specify here (optional):

***If you answered "none of the above" please answer this question:**

While your organization serves the public, does your organization deliver any programs, services, or outreach specifically intended to serve the following underrepresented and/ or underserved communities? Select all that apply:

- 2SLGBTQIA+
- Acadian / Francophone
- African Nova Scotian
- Gaelic/Gaels
- Indigenous
- Immigrants / Newcomers / Refugees
- Mi'kmaq Persons of African Descent
- Persons Living with Disabilities Racialized
- Groups / Communities None of the above
- If not identified above, please specify here:

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

1. **Provide a brief description of your organization.** Please include when you were established, your mandate and primary purpose. (Question does not apply to Mi'kmaq bands)

2. **Project Description**

Provide a detailed description of your proposed project or event, including:

- Key activities
- Project's goals or objectives
- Project personnel (including names, roles and responsibilities)
- Target participants/audience
- Number of people expected to attend your event, or participate in your project
- Are you selling tickets, or are there any participation fees? If yes, what are they.
- Partnerships: are you collaborating with other organizations? If so, who are they, describe their role(s) and attached letters of support.
- Is this a new project/event?

3. **Impact**

Describe the anticipated impact of your project/event on the community. Who will benefit and how?

4. **Workplan**

Provide a detailed work plan for the project/event. Dates can be tentative. See Frequently Asked Questions for a sample work plan. (See Frequently Asked Questions on page 7 of guidelines for a sample work plan).

5. **Promotion**

How will you promote your project/event? (e.g., social media, website, print).

6. **Evaluation**

What does success look like? Explain how you will evaluate the project and include applicable evaluation documents (e.g., surveys, questionnaires, reports).

7. **Acknowledgement**

If your application is successful, how will you acknowledge the Province of Nova Scotia (e.g., social media, website, print).

8. **Budget**

Include a detailed financial budget (i.e., revenues and expenses) for your proposal. A budget template is available on page 7 of this application.

APPLICATION CHECKLIST *

You discussed your project with the Program Officer.

You completed all sections of the application, including the budget below.

You have answered all the questions from the “proposed project” section in full.

You have signed this application below (this is required for processing the application).

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, 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 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 for previously funded applications must be submitted and approved before any additional requests or applications for funding can be considered.
 - 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 the 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, on or before the deadline	
Telephone:	(902) 424-5793
E-mail:	CommunitiesNS@novascotia.ca
Courier:	Communities Nova Scotia Homburg Building Department of Communities, Culture, Tourism & Heritage 1741 Brunswick Street, 3rd Floor Halifax, NS B3J 3X8
Mailing Address:	Communities Nova Scotia Department of Communities, Culture, Tourism & Heritage PO BOX 456 Halifax, NS B3J 2R5

Does your project need volunteers?

VolunteerNS.ca, is a free searchable database that connects non-profits with skilled volunteers in Nova Scotia and nationwide. Volunteers can also easily search for opportunities, while organizations create profiles and receive support to fill vacancies, fostering community connections.

Visit <https://www.volunteers.ca> for more information.



Building Inclusive Communities Fund - Project Financial Template (2026-2027)

* Form calculates totals automatically.*

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				

* For Tier 1: Requests of \$5,000 or less. Applicants are not required to make a cash contribution, however, a minimum in-kind contribution of 15% is required.

* For Tier 2: Requests of \$5001 to \$10,000. A minimum 10% cash contribution is required. A 15% in-kind contribution is accepted if the contribution directly aligns with an expense.