Application Deadline: February 14, 2026 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

Name of Applying Organization (as it appears in *NS Registry of Joint Stocks* or *Federal Charity*):

_____

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_____

Physical 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, Town or Village) **or**

☐ Regional Centre for Education or Conseil Scolaire Acadien Provincial

☐ Other: _____

Primary Focus of Facility

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

☐ Arts / Cultural Activities

☐ Food /Wellness

☐ Religious

☐ Sport and Recreation

☐ School/Education

☐ Community Based Activities

☐ Heritage

☐ Service Organization

☐ Library

☐ Health Centre

☐ Other_____

Equity, Diversity, Inclusion, and Accessibility (EDIA)

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.

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.

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.

Please identify who your organization serves. Check all that apply.

☐ 2SLGBTQIA+	☐ Persons of African Descent
☐ Acadian / Francophone	☐ Persons Living with Disabilities
☐ African Nova Scotian	☐ Racialized Groups / Communities
☐ Gaelic/Gaels	☐ (If an individual) Prefer not to answer
☐ Indigenous	☐ None of the above
☐ Immigrants / Newcomers / Refugees	☐ If not identified above, please specify: _____
☐ Mi'kmaq	

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

Facility Inventory

Please answer the following questions about your facility:

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

Total Cost – Accessible components* 0.00 **Amount Requested**** 0.00

* 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 cannot be greater than$50,000.

Section 3 - Organization and Facility Overview

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

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 - Accessibility Project Details

4.1 Accessibility 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 accessibility 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? What knowledge and resources do you have to ensure accessibility standards are met?

d. **Attach photo(s) of the barrier**.

4.2 Community Outcomes and Benefit

4.2.1 If your project is successful, tell 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. Were persons with a disability consulted to recognize this barrier, and the strategy to remove this barrier?

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 and social services.

4.4 Project Viability & Sustainability

4.4.1 Tell us about your organizational capacity:

a. What are some other projects your organization has 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.

c. Does your organization and/or contractor have necessary knowledge about the accessibility standards in the built environment?

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.

5.1 - Budget

Selected Vendor/Supplier & in-kind	**Description** (components, details or math for in-kind)	**Amount**	**Quote/Estimates Attached?** (if No see section 5.2)
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
	Total Est. Project Cost	0.00	

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)			☐	☐
Federal Government Funds			☐	☐
Municipal Government Funds			☐	☐
Other Provincial Government Funds			☐	☐
Other			☐	☐
			☐	☐
			☐	☐

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			☐	☐
In-kind Materials			☐	☐
In-kind Equipment			☐	☐
In-kind Other			☐	☐
Total Project Funding		0		

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.

☐ 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 in-kind document.

☐ 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, 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 or mail (with date stamped and in the mail on or before the deadline).

Program Officer: Paul Tingley

E-mail: AccessAbilityGrants@novascotia.ca

Phone: (902) 233-8379

Mail: Communities, Culture, Tourism and Heritage
Community Access Ability
PO Box 456 STN Central
3rd Floor, 1741 Brunswick St.
Halifax, NS
B3J 2R5