

# Diversity and Community Capacity Fund / Cultural Communities and Identities Fund

## Application Form 2025 – 2026



For Office Use Only:  DCCF  CCIF

Select which deadline to which you are applying:

April 15, 2025

June 15, 2025

September 15, 2025

\* Red star indicates required information

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 Addresses				
NS Registry of Joint Stocks Registration Number*		Charitable Registration Number (Canada Revenue Agency)		

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

<b>SPECIFY THE ORGANIZATION'S PRIMARY MANDATE*</b>	
<input type="checkbox"/> Community-development	<input type="checkbox"/> Cultural Development
<input type="checkbox"/> Equity, Diversity and Inclusion	
<input type="checkbox"/> Other (Please Specify):	
<b>PRIMARY OBJECTIVE(S) OF YOUR PROPOSED PROJECT OR ACTIVITY*: (Check all that apply)</b>	
<input type="checkbox"/> Increase access to programs and services that support equity, diversity and inclusion.	<input type="checkbox"/> Increase understanding of cultural diversity. Share,
<input type="checkbox"/> Build the capacity of your organization to represent traditionally marginalized groups.	<input type="checkbox"/> explore and preserve cultural identities.
<input type="checkbox"/> Increase public understanding, through education, of traditionally marginalized groups and communities in Nova Scotia.	<input type="checkbox"/> Grow Nova Scotian's awareness and understanding of the richness of the province's cultural communities.
<input type="checkbox"/> Build the capacity of your organization to host an event/activity that promotes social inclusion.	<input type="checkbox"/> Celebrate or observe a cultural tradition for all Nova Scotians.
<b>PROJECT INFORMATION</b>	
Project Title*	
Provide a brief description of the proposed project (1-2 sentences) *	
Project Start Date *	Project End Date *
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? *	<input type="radio"/> Yes <input type="radio"/> No
If yes, when?	
Has/will this activity receive other provincial funding? *	<input type="radio"/> Yes <input type="radio"/> No
If yes, when and from what program/department? (list all)	
Is a public event part of your project? (not required)	
If so, what is the proposed date and location?	<input type="radio"/> Yes <input type="radio"/> No

**PART B: 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

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

**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.

Please identify who your organization serves. Check all that applies. If you serve everyone, please select "General population".

General Population

Acadian / Francophone

Low income

Racialized Groups / Communities

African Nova Scotian

Men / Boys

Seniors (65+ years)

Gaelic / Gaels

Mi'kmaq / Indigenous

Women / Girls

Gender Diverse

Persons of African Descent

Youth (under 19 years)

Immigrants/Newcomers/Refugees

People Living with Disabilities

2SLGBTQIA+Children in Care

Children in Care

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.

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

1. Briefly **describe your organization**, who you are and what you do. Please include: when you were established, and your mandate and primary purpose. (Question does not apply to Mi'kmaq bands)
2. **Describe your project**. Make sure to answer the following questions:
  - What are the **key activities** of your project?
  - What are the project's **goals or objectives**?
  - Who are the **project personnel**? (include names, roles/responsibilities, and biographies or resumes)
  - Who are your **target participants/audience**?
  - How many people do you expect to **attend** your event, or participate in your project?
  - Are you selling **tickets** to for your event, or are there any **fees** for participants to participate in your project? If yes please tell us what they are?
  - Are you **partnering** with other organizations? If so, who are they, describe their role(s) and attach letters of support. Please describe your relationship. What was their involvement in the project?
3. How does your project **address one or more of the DCCF/CCIF program goals** as listed on Page 2 of this application?
4. Provide a **detailed work plan** for this project. Dates can be tentative. See the Frequently Asked Questions in the DCCF/CCIF guidelines for a sample workplan.
5. What does success look like for your project? Explain **how you will evaluate the project** and include applicable evaluation documents, e.g., surveys, questionnaires, reports.
6. Include a **project budget** that clearly identifies revenues and expenses. A sample budget template is available at the end of this application.
7. If your application is successful, how will you **acknowledge the Province of Nova Scotia**? (e.g., social media, website, print).

APPLICATION CHECKLIST \*

- Have you discussed your project with the Program Officer? *(This is recommended as the Program Officer can provide templates, advice on land acknowledgments, etc.)*
- Have you completed all sections of the application and answered all questions?
- Is your application signed? *(This is required for processing your application)*
- Will CCTH program staff be able to easily reach your project contact? *(If successful, your funding may be delayed if a representative with knowledge of the project cannot be reached.)*
- Have you checked out the Resources section of the [DCCF/ CCIF website](#).

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 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 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, or fax on or before the deadline

**E-mail:**

[CommunitiesNS@novascotia.ca](mailto:CommunitiesNS@novascotia.ca)

**Mail:**

Communities Nova Scotia Unit  
Department of Communities, Culture, Tourism and Heritage  
PO Box 456 STN Central  
1741 Brunswick Street, 3<sup>rd</sup> Floor  
Halifax, NS B3J 2R5

**Fax:**

(902) 424-0710

To contact a Program &  
Development Officer, call:  
**(902) 424-5793**

Notice to MS Windows users:

Complete the application form using either the free Adobe Acrobat Reader ([get2.adobe.com/reader/](http://get2.adobe.com/reader/)) or Adobe Acrobat Pro/Standard (fee based). If this form is completed in Preview (macOS) or another third party PDF reader the form may not function as intended and responses that are entered on the form may neither save nor print correctly.

## DCCF / CCIF - Project Financial Template (2025-2026)

\* Form calculates totals automatically.\*

Applicant:		
Project Name:		
<b>EXPENSES</b>	<b>Amount</b>	<b>Provide Details</b>
Professional Fees		
Labour		
Materials/supplies		
Administration		
Facilities and Equipment (rentals)		
Marketing		
Travel		
Honouraria		
Other project expenses (specify below)		
<b>TOTAL – EXPENSES</b>		

<b>REVENUES AND CONTRIBUTIONS</b>	<b>Cash</b>	<b>In-Kind</b>	<b>TOTAL (Cash + In-Kind)</b>	<b>Provide Details</b>
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)				
<b>Amount Requested from this Program</b>		-		
<b>TOTAL – REVENUES AND CONTRIBUTIONS</b>				

\* 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.