

Application Deadline: February 14, 2026 by 11:59pm

Applicants are strongly encouraged to contact the Regional Manager 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 project costs.

Section 1 – Applicant Information

Section 1 is for information only and does not impact scoring.

Name of Applying Organization (if applicable, as it appears in [NS Registry of Joint Stocks](#)):

If applicable, [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 _____

Civic 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 (**different from above*)

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/not-for-profit Federal Corporation** with the Government of Canada, or
- ☐ Mi'kmaq Band Council, Municipality or Village or
- ☐ Regional Centre for Education or Conseil scolaire acadien provincial

Primary Focus of Facility

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

- | | |
|---|---|
| <input type="checkbox"/> Arts / Cultural Activities | <input type="checkbox"/> Community Based Activities |
| <input type="checkbox"/> Food /Wellness | <input type="checkbox"/> Heritage |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Service Organization |
| <input type="checkbox"/> Sport and Recreation | <input type="checkbox"/> Library |
| <input type="checkbox"/> School/Education | <input type="checkbox"/> Health Centre |
| <input type="checkbox"/> Other _____ | |

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Some useful resources for this section are:

- Nova Scotia Access by Design 2030: novascotia.ca/accessibility
- Nova Scotia's Equity and Anti-Racism Strategy: [equity-and-anti-racism-strategy.pdf](#) (novascotia.ca)

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.

Continued on the following page...

Equity, Diversity, Inclusion, and Accessibility (EDIA):

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.

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:

<input type="checkbox"/> 2SLGBTQIA+	<input type="checkbox"/> Mi'kmaq
<input type="checkbox"/> Acadian / Francophone	<input type="checkbox"/> Persons of African Descent
<input type="checkbox"/> African Nova Scotian	<input type="checkbox"/> Persons Living with Disabilities
<input type="checkbox"/> Gaelic/Gaels	<input type="checkbox"/> Racialized Groups / Communities
<input type="checkbox"/> Indigenous	<input type="checkbox"/> None of the above
<input type="checkbox"/> Immigrants / Newcomers / Refugees	<input type="checkbox"/> If not identified above, please specify: _

If you answered "None of the above," please also fill out Part B.

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:

<input type="checkbox"/> 2SLGBTQIA+	<input type="checkbox"/> Mi'kmaq
<input type="checkbox"/> Acadian / Francophone	<input type="checkbox"/> Persons of African Descent
<input type="checkbox"/> African Nova Scotian	<input type="checkbox"/> Persons Living with Disabilities
<input type="checkbox"/> Gaelic/Gaels	<input type="checkbox"/> Racialized Groups / Communities
<input type="checkbox"/> Indigenous	<input type="checkbox"/> None of the above
<input type="checkbox"/> Immigrants / Newcomers / Refugees	<input type="checkbox"/> If not identified above, please specify: _

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.

Facility Inventory

Please answer the following questions about your facility:

- | | | | |
|--|-------------------------------------|------------------------------------|-------------------------------------|
| 1. Does your facility currently offer free Wi-Fi? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Does your facility provide barrier-free access (i.e. ramp, or lift to enter the facility)?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Does your facility have at least one accessible washroom?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Are all or some of your hallway and door frames wide enough to allow a wheelchair to pass through?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Does your facility have a commercial kitchen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Does your facility have an emergency backup generator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Does your facility have an Automatic External Defibrillator (AED)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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: _____
(no earlier than April 1 or file open date)

2.3 For this project, our organization would like to apply under the following grant program
(please only select one):

☐ Recreation Facility Development (RFD)

☐ Rink Revitalization Fund (RRF)

Total Estimated Project Cost*

Amount Requested*

* **These totals will auto-populate** from the Total Project Cost in the financial table (Section 5). Based on grant criteria, total requested amount should not exceed 66% of Total Estimated Project Cost. Total request can be no greater than \$150,000.

Section 3 – Organization and Facility Overview

Please respond in the blank spaces provided, where applicable. If more space is needed, please add 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 and any current organizational priorities.

3.3 Facility Overview

3.3.1 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.
- c. What is the primary community, region or county served by the facility?
Please name if and how you serve groups or events from outside your primary service area.

Section 4 – Project Details

4.1 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 project, which items are the priority?
- b. Describe the need or urgency for the project.
- c. What are the greatest current or future climate change/extreme weather risks to the project (and/or operations) and how are these being considered to reduce risk?
- d. 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?
- e. Is this project part of a larger/phased plan to improve your facility?
Please explain.

- 4.1.2 Please describe who was consulted or engaged, across the broader community and/or municipality, and what informed the location, size, scope and components of the project?

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?
 - c. What is the risk or impact if this project does not proceed?

- 4.2.2 How will the project sustain, improve or expand participation in recreation, sport and physical activity in your community?

4.3 Community Engagement and Inclusion

- a. Explain in detail how this project or your organization fosters community engagement and inclusivity.
- b. Demonstrate how this project and/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.

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, social services, and access to sport, physical activity and recreation.

4.4 Project Viability & Sustainability

4.4.1 Tell us about your organizational capacity and the sustainability of this project:

- a. What are some other projects your organization have 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. How do you plan to fund or oversee regular maintenance and operations?
- d. What is the expected lifecycle of this upgrade/investment?

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 what is eligible or ineligible.

Project Budget

- List the entire cost of the project you are seeking funding for. If part of a phased project, only list current phase.
- As feasible, separate costs by vendor/supplier based on quotes.
- Include in-kind contributions in project budget AND funding sources.
- If there is a significant in-kind/volunteer amount, please provide a separate detailed overview.
- For large projects, you are highly encouraged to attach a **separate detailed project budget** with sufficient detail to demonstrate estimates and total project costs. Excel format is preferred.

Selected Vendor/Supplier & in-kind	Description (components, details or math for in-kind)	Amount	Quote/Estimates Attached? (if No see section 5.1)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Est. Project Cost			

Project Funding Sources – List all funding sources, including section for donated and in-kind contributions.

Funding Source	Description	Amount	Funding status (required)	
			Confirmed	Pending
Applicant cash contribution (reserves, revenues, loans, donations)			<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Municipal Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Other Provincial Government Funds			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Materials			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Equipment			<input type="checkbox"/>	<input type="checkbox"/>
In-kind Other			<input type="checkbox"/>	<input type="checkbox"/>

Total Project Funding

Amount requested should be total est. project cost less total funding sources. Request can be no more than 66% of Total Est. Project Cost and the request can be no more than \$150,000.

Amount requested from RFD/RRP grant: _____

Complete below sections as needed.

5.1 Purchasing & Procurement:

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 Coastal Erosion or Flooding:

- a. Has there been damage to the property in the past due to coastal flooding or erosion? If yes, please describe.
- b. Is this project located directly in an area at risk of being impacted by coastal flooding or coastal erosion?

Coastal Hazard Assessments are now available on request at <https://novascotia.ca/coastal-climate-change/request-coastal-hazard-assessment-report/>

Complete below sections as needed.

5.3 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 2026-27 information sections are complete, and all questions are answered.
- ☐ A copy of proof of property ownership/leasing is attached, as mentioned on Page 5 of this Application Form.
- ☐ Demonstration of competitive pricing through any of the below:
 - Three (3) quotes for all external contractor/supplies
 - If 3 quotes are not possible, in section 5.1 please provide rationale and/or details on all attempts to secure 3 quotes from suppliers.
 - OR in section 5.1 fully outline, or attach, the procurement process you plan to undertake for this project.
- ☐ The Application Form has been signed and dated by signing authority(ies), on Page 18.
- ☐ 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, consultation reports, needs assessments, organizational plans or project phase overview)
- ☐ If the project has **significant in-kind labour** or donated materials, please include a separate detailed breakdown of in-kind contributions. See labour rates in guidelines.
- ☐ Demonstration of municipal awareness, acknowledgement and/or funding of the project. This is not applicable for projects within, or led by, Mi'kmaw communities.
- ☐ 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.

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 1st Signing Authority (Position/Title & Print Name)

Date

Signature of 2nd Signing Authority (Position/Title & Print Name)

Date

Section 8 – Contact and Submission

Please send your completed application to us by email, fax or date stamped in the mail on or before the deadline.

Cape Breton Region – [Submit](#)

Cape Breton Island

Larry Maxwell, *Regional Manager*

Email: CapeBretonRegion@novascotia.ca **Phone:** 902-578-4813

Courier/Mail: 850 Grand Lake Road, Suite 15, Sydney NS B1P 5T9

Central Region – [Submit](#)

Halifax Regional Municipality (HRM)

Andrea Redmond, *Regional Manager*

Email: Centralregion@novascotia.ca **Phone:** 902-578-4813

Courier: Homburg Building, 3rd Floor, 1741 Brunswick St., Halifax

Mail: PO Box 456, Halifax, NS B3J 2R5

Fundy Region – [Submit](#)

Cumberland, Colchester Counties, Municipality of East Hants

Courtney Nicholson-Patriquin, *Regional Manager*

Email: FundyRegion@novascotia.ca **Phone:** 902-338-0659

Courier/Mail: 80 Walker Street, Suite 1, Truro, NS B2N 4A7

Highland Region – [Submit](#)

Guysborough, Antigonish and Pictou Counties

Rae Gunn, *Regional Manager*

Email: HighlandRegion@novascotia.ca **Phone:** 902-338-0659

Courier/Mail: 149 Church Street, Suite 4, Antigonish, NS B2G 2E2

South Shore Region – [Submit](#)

Yarmouth, Shelburne, Queens, Lunenburg Counties

Anna Haanstra, *Regional Manager*

Email: SouthShoreRegion@novascotia.ca **Phone:** 902-698-9407

Courier/Mail: 312 Green Street, Lunenburg, NS B0J 2C0

Valley Region – [Submit](#)

Annapolis, Kings, Digby Counties, Municipalities of West Hants, Clare

Anna Sherwood, *Regional Manager*

Email: ValleyRegion@novascotia.ca **Phone:** 902-698-9407

Courier/Mail: 10 Webster St., Suite 200, Kentville, NS B4N 1H7