

2017 Screenwriters Development Fund Application Form

(Notice to applicants using Mac OS systems: please ensure that you complete the form using the free Adobe Acrobat Reader (<https://get.adobe.com/reader/>). Right click or option-click and select Adobe Reader to open the file. If you complete the form in Preview mode the information on the form will not save or print correctly.)

APPLICANT INFORMATION				
Name of Applicant Organization/Business *				
Street Number *	Street Address *			Suite
PO Box	City/Town *	County *	Province *	Postal Code *
Email *		Website		
Twitter		Facebook		
Other Social Media Accounts				
REGISTRATION INFORMATION				
Is your business/organization registered with the Nova Scotia Registry of Joint Stock Companies? *			Yes	No
Is your business/organization registered with the Nova Scotia Registry of Joint Stocks as a non-profit society or non-profit cooperative? *			Yes	No
If yes to either of the above questions, please provide your Nova Scotia Registry of Joint Stocks Registration Number. *				
Identification Number (Canada Revenue Agency)				
CHAIRPERSON OR BUSINESS OWNER		APPLICATION CONTACT		
Chairperson or Business Owner *		Contact Name		
Telephone (Primary) *		Telephone (Primary)		
Telephone (Alt)		Telephone (Alt)		
Fax		Fax		
Email *		E-Mail		
PROPOSAL INFORMATION				
SCRIPT DEVELOPMENT (PHASE) ACTIVITY* CHECK ALL THAT APPLY				
TREATMENT	DEVELOPMENT		POLISH & PACKAGING	
OUTLINE	BIBLE			
FIRST DRAFT	RESEARCH			
Project Name *				

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Proposal Start Date *	Proposal End Date *
Amount Requested *	Total Project Cost *
Location of Proposed Project(s) (Select up to five locations)	If location of Proposed Project(s) is(are) outside Nova Scotia, please specify (Select up to five locations)

YOUR PROJECT OUTLINE

Identify and clearly address the following topic areas in your project proposal. Please submit your proposal plan as a separate document included within your application.

1. **Executive Summary**
Summarize your proposal, providing the most pertinent information.
2. **Business/Organizational Profile**
Provide a brief description of your business/organization and its history.
3. **Description of Project(s)**
Provide project details, include a list and short description of any partners and their involvement in the project.
4. **Screenwriters Development Fund Objectives**
Describe the how this project will achieve the following objectives: *the creation and development of film script projects by Nova Scotian filmmakers; increased export sales, and revenue growth; expansion of global markets and audiences; strengthens the Film and TV industry by developing Nova Scotia filmmakers, writers and producers of local content; encourage diversity and gender parity.*
5. **Nova Scotia Culture Action Plan (CAP) Measurable Objectives and Anticipated Outcomes.**
Describe how your project(s) objectives link to Nova Scotia's Culture Action Plan (<https://novascotia.ca/culture/>) How will you measure and quantify the CAP objectives and outcomes?
6. **Critical Path**
Identify project start and end date(s). Provide details on any key milestones within the project(s).
7. **Financial Capacity**
This program will only fund part of the project(s) in this application. How will your business/organization finance the project(s)?
8. **Additional Appendices**
Provide any additional documentation that may be helpful to better understand the project(s)..
9. **Project Budget:** (Telefilm budget template is acceptable)

CONTACT US**Send Materials to:**

Culture and Heritage Development Division
Department of Communities, Culture & Heritage
PO Box 456
Halifax, NS B3J 2R5

Via Email:

creativeindustries@novascotia.ca

For further information:

Mickey Quase
Telephone: (902) 424-3701
Email: Mickey.Quase@novascotia.ca
Or
Susan Jeffries
Telephone: (902) 424-2873
Email: Susan.Jeffries@novascotia.ca
Fax: (902) 424-0710
Web : www.novascotia.ca/cch

CONSENT

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.

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**As an individual applicant:**

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that I meet the eligibility criteria.
- 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 am aware that 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.

As a representative of an organization, consortium or group (including ad-hoc group):

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that the organization, group (including ad-hoc) or consortium I represent meets the eligibility criteria.
- 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, consortium or group and will keep all participants informed of the application content and any funding decision.

I accept all of the declaration statements above that are applicable to me as an individual application or as a representative of an organization, consortium or group. I understand that not accepting these statements as true will affect eligibility for this funding application.*

Signature* (see below if submitting by e-mail)

Title (if applicable)

Name (print) *

Date *

By checking this box and typing my name below, I am electronically signing my application

Type in your Name

Send your completed application form, financial template and other supporting documentation to:

creativeindustries@novascotia.ca