

**Provincial Sport Organization/Host:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Event Organizer name and email:** \_\_\_\_\_

**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.

**The Applicant:**

If you are an organization, please identify who your organization serves. If you serve everyone, please select "General population". If you are applying as an individual, please self- identify (select all that apply).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General population                             | <input type="checkbox"/> Acadian/ Francophone            | <input type="checkbox"/> Men/ Boys                                   |
| <input type="checkbox"/> Mi'kmaq / Indigenous                           | <input type="checkbox"/> Gaelic/ Gaels                   | <input type="checkbox"/> Women/ Girls                                |
| <input type="checkbox"/> African Nova Scotian                           | <input type="checkbox"/> People living with disabilities | <input type="checkbox"/> Low income                                  |
| <input type="checkbox"/> Person of African Descent                      | <input type="checkbox"/> Seniors 65 +                    | <input type="checkbox"/> Children in care/ transitioning out of care |
| <input type="checkbox"/> Racialized groups                              | <input type="checkbox"/> 2LGBTQIA+                       | <input type="checkbox"/> Underhoused/ homeless                       |
| <input type="checkbox"/> Immigrants/ newcomers/ refugees                | <input type="checkbox"/> Gender Diverse                  | <input type="checkbox"/> Youth (under 19 years)                      |
| <input type="checkbox"/> If not identified above, please specify: _____ |  |  |

**The Organization (if applicable):**

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, committee, staff, volunteers, etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc.).

☐ Yes☐ No☐ n/a☐ Somewhat☐ Unsure**Name of Event:** \_\_\_\_\_**Start Date:** \_\_\_\_\_**End Date:** \_\_\_\_\_**City/ Town:** \_\_\_\_\_**Region:** \_\_\_\_\_**Venue(s):** \_\_\_\_\_**Event Website:** \_\_\_\_\_**Level of Event:**☐ International☐ National Annual General Meeting☐ National Championship☐ Other☐ Inter-Provincial Championship**Amount requested: \$** \_\_\_\_\_**SIZE AND SCOPE:**

Number of Athletes: \_\_\_\_\_

Name of Provinces/ Territories: \_\_\_\_\_

Name of Countries: \_\_\_\_\_

Number of Teams: \_\_\_\_\_

Age Categories: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Both

Number of Coaches: \_\_\_\_\_

Number of Officials: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Number of NS Athletes: \_\_\_\_\_

Number of NS Coaches: \_\_\_\_\_

Number of NS Officials: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please attach letter(s) of support from the Provincial/National/International organization(s) sanctioning the event.

**Financial: Please attach a copy of the events operational budget.**

### **SPORT DEVELOPMENT**

*Explain where this event fits in your sport's Long Term Athlete Development Model (LTAD)?*

*How will hosting the event impact the visibility/awareness of your sport to Nova Scotians (i.e.: anticipated media coverage)?*

### **Participation**

*Explain how hosting this event will contribute to increasing participation in your sport?*

*Describe any specific initiatives related to this event that are intended to increase participation in your sport.*

### **Excellence**

*How hosting this event will contribute to the development of your elite athletes?*

*Will there be a legacy left by this event that will benefit your elite athlete?*

**CAPACITY:**

*Explain how hosting this event will build capacity for your sport in Nova Scotia?*

*Describe any specific initiatives related to this event that are intended to develop capacity in your sport.*

**Coaching:**

**Official's development:**

**Volunteers Organization:**

**Collaboration**

*Identify the new and/or improved opportunities for collaboration that will occur from hosting this event.*

**Legacy**

## FINANCIAL

### Project Budget - Expenses

Item	Total cost of item	Notes
Totals		

### Project Budget - Revenues

Source	Cash (\$)	In-kind (\$)	Notes	Confirmed? Yes / No
Applicant				
Sport Hosting				
Municipal Government				
Other Provincial Government				
Federal Government				
Donations				
Totals				

**Return to:**

**Sheila Srinivasan-Thomas**

**Email: [sheila.srinivasan-thomas@novascotia.ca](mailto:sheila.srinivasan-thomas@novascotia.ca) Phone: (902) 225-4358**

**Or mail to:**

**Communities, Culture, Tourism and Heritage**

**Communities, Sport and Recreation**

**1741 Brunswick Street, PO Box 456 STN Central, Halifax, NS B3J 2R5**