

Applicant/Name of Trail Group: <small>(as appears in NS Registry of Joint Stock Companies):</small>	
Joint Stock Registry ID#:	
Trail Name / Location:	
Insurance Provider / Policy Number:	
Organization	
Mailing Address:	Postal Code:
Contact 1:	Title:
Email:	
Telephone:	Alternate #:
Contact 2:	Title:
Email:	
Telephone:	Alternate #:
Project Start Date:	Project End Date: March 31, 2027
Total Project Cost: \$	Grant Amount Requested: \$
Project Description: Describe the project briefly but comprehensively.	

OFFICE USE ONLY

Total project cost: \$		Amount requested: \$	
Amount recommended: \$			
NOTES:			
Approver:	<small>Printed Name</small>	<small>Signature</small>	<small>Date</small>

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:

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.

***Official signing officers for the organization.**

Signature #1		Date	
Name (print)		Position	
Signature #2		Date	
Name (print)		Position	

PLEASE SEND TO:

ccthtrailgrants@novascotia.ca

80 Walker Street, Suite 1, Truro, NS B2N 4A7