

Trails Engineering Assistance Grant

APPLICATION FORM 2024-2025

Applicant		
(as appears in NS Registry of Joint Stock Companies):		
Joint Stock Registry ID#		
Organization Mailing Address:	Postal Code:	
Contact 1:	Title:	
Email:		
Telephone:	Alternate #:	
Contact 2:	Title:	
Email:		
Telephone:	Alternate #:	
Project Start Date:	Estimate Project End Date: March 31, 2025	
Trail Name / Location:		
Project Description: Describe the project briefly but co	mprehensively.	

OFFICE USE ONLY			
Total project cost: \$			
Amount requested: \$			
Amount recommended: \$			
NOTES:			
Approver:			
	Printed Name	Signature	Date

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.

- If you are an organization, please identify who your organization serves. If you serve everyone,			
please select "General population".			
	where only identify (only stall that any ly)		
, ,,,,,	please self- identify (select all that apply).		
General population			
African Nova Scotian	People living with disabilities	2SLGBTQIA+	
Persons of African Descent	🗆 Low income	Gender Diverse	
Mi'kmaq / Indigenous	□ Children in care/transitioning out of care	🗌 Men / Boys	
□ Racialized groups / communities	🗌 Underhoused / homeless	🗆 Women / Girls	
□ Immigrants/newcomers /refugees	Youth (under 19 years)		
Acadian / Francophone	Seniors (65+ years)		
🗆 Gaelic / Gaels			
\Box 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, committee, staff, volunteers, etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc).

□ Yes □ Somewhat □ No □ Unsure □ n/a

BUDGET

Expenditures (detailed cost breakdown of planned work. Including quotes from consulting / engineering firms if applicable)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditures A	\$

Revenue (excluding request from CCTH)		Amount	Confir	med
Membership		\$	Y	Ν
Fund Raising		\$	Y	Ν
Municipal Contribution		\$	Y	Ν
In-Kind (volunteer labour)		\$	Y	Ν
In-Kind (materials)		\$	Y	Ν
Other Provincial Government Sources		\$	Y	Ν
Other		\$	Y	Ν
Total Revenue	В	\$		
	Amount Requested from CCTH (A minus B maximum)	\$		

We certify that, to the best of our knowledge, the information provided by us in this grant application is accurate and complete and that the project is endorsed by the organization which we represent.

*Signed	Date	
Name (print)	Position	
*Signed	Date	
Name (print)	Position	

*Official signing officers for the organization.

PLEASE SEND TO: <u>cchtrailgrants@novascotia.ca</u>

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

Fax: 902-896-2425

TRAILS ENGINEERING ASSISTANCE GRANT ACTIVITY DESCRIPTION (Attach additional information if required) Two quotes are required

- 1. Do you have landowner permission granted for site access? YES
 NO

 Please include a copy with application
- 2. Please provide a brief description of the issue and the need for engineering assistance.

3. If the project involves the contracting of services, please describe the fair hiring/procurement practices of the community association.