

Grant Program Application

African Nova Scotian Affairs



Notice to applicants using Mac OS systems: please ensure that you complete the form using the free Adobe Acrobat Reader (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.

Part 1: Organizational Details

Applicant organization (official name):

Mailing address:

Street Number

Street address

Suite

PO Box

City/Town

County

Nova Scotia

Province

Postal Code

Name of Chair:Phone:

Chair Email:

Project Contact:Phone:

Contact Email:

Website (if applicable):

Is your organization a non-profit society or non-profit co-operative?

☐ Yes

☐ No

Are you registered with the Nova Scotia Registry of Joint Stocks?

☐ Yes

☐ No

☐ Pending

If yes, provide your Registry of Joint Stocks Registration Number:

Are you federally regulated:

☐ Yes

☐ No

Do you have a charitable registration number?

☐ Yes

☐ No

If yes, provide your charitable registration number:

Equity, Diversity, Inclusion, and Accessibility (EDIA)

Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, diversity, 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.

Please identify the groups your organization serves. Be as specific as possible, selecting from the list of groups below (select all that apply).

☐ General population

☐ African Nova Scotian

☐ Persons of African Descent

☐ Mi'kmaq

☐ Indigenous

☐ Racialized groups / communities

☐ Immigrants/ newcomers / refugees

☐ Acadian / Francophone

☐ Gaelic / Gaels

☐ People living with disabilities

☐ Low income

☐ Children in care / transitioning out of care

☐ Underhoused / homeless

☐ Youth (under 19 years)

☐ Seniors (65+ years)

☐ 2SLGBTQIA+

☐ Gender Diverse

☐ Men / Boys

☐ Women / Girls

☐ 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

Part 2 - Project Summary

Project Title: _____

Location of Project: _____

Project Start Date: _____ Project End Date: _____

Total Project Cost: _____ Amount Requested: _____

Project Cost (select all that apply):

- ☐ Strengthen the delivery of services to African Nova Scotians
- ☐ Preserve, promote, or protect some aspect of African Nova Scotian culture or heritage
- ☐ Address a documented need, issue, or concern relevant to African Nova Scotians
- ☐ Support community events, activities, and workshops

Project Type (select all that apply):

- ☐ Community Development – Supporting an African Nova Scotian community project, program, or event.
- ☐ Community Capacity Building – Helping African Nova Scotian community groups and organizations to build capacity through educational workshops, partnerships, and governance to serve the community.

Part 3 - Project Details

Complete on a separate sheet if more space is needed. (Note: Up to 1,000 characters per question)

All applications must have a signed letter of support from a local community partner or organization. ☐ Support letter attached

1. Provide a brief description of your organization and how this project or event helps fulfill your mission/mandate/goals:

2. Describe the project:

3. Describe how the project links to the goals of ANSA’s grant program *(See Part 2 Project Summary: on page 2):*

4. Describe what impact this project will have on community:

5. Describe how the project will be evaluated and what information will you use to determine success:

6. Besides funding, what else is expected of ANSA?

7. Have you contacted other government departments or organizations for financial or in-kind support? ☐ Yes ☐ No

If yes, which ones?

8. Does your project involve partnerships? ☐ Yes ☐ No

If yes, please identify them and their role:

Part 4 - Financial Information

Provide the financial information related to your proposed project. A separate detailed budget may be included.

Project Budget Expenses			
Item	Total Cost of Item	Requested Amount from ANSA	Notes
Administration			
Rentals and Purchases			
Travel (in province)			
Resources/Supplies			
Professional Fees			
Honoraria			
Marketing			
Other			
	Total Expenses	Total Requested	

Project Budget Revenues					
Note if the request is over \$5,000 you must provide a minimum of 25 per cent of total eligible projects costs (this includes 10 per cent financial contribution and 15 per cent in-kind contributions). Total provincial government support cannot exceed 75 per cent of total eligible project costs.					
Source	Cash	In-kind	Notes	Confirmed	
				Yes	No
Applicant				<input type="checkbox"/>	<input type="checkbox"/>
Municipal Government				<input type="checkbox"/>	<input type="checkbox"/>
Other Provincial				<input type="checkbox"/>	<input type="checkbox"/>
Government (excludes amount requested under this program)				<input type="checkbox"/>	<input type="checkbox"/>
Federal Government				<input type="checkbox"/>	<input type="checkbox"/>
Donations				<input type="checkbox"/>	<input type="checkbox"/>
Other				<input type="checkbox"/>	<input type="checkbox"/>
Subtotal				<input type="checkbox"/>	<input type="checkbox"/>
Total (cash plus in-kind)				<input type="checkbox"/>	<input type="checkbox"/>

*Funds must be used for the activity as described in the application. If the project is not undertaken after the funding has been accepted, you must return the funds to the department, payable to the Minister of Finance.

**You must notify the department in advance of any changes in the activity, including start and end dates, location, or any other significant changes.

Part 5 - Declaration

List of Board of Directors			
Name	Position	Address	Telephone

As a representative of an organization:

- I declare the information in this application and all attachments is accurate and complete, and that this funding grant application is being made by the organization named in this application package with its full knowledge and consent;
- I further declare that, if requested, the group or organization will provide financial and activity reports that African Nova Scotian Affairs requires, such as interim and final reports;
- I further declare and acknowledge that a final report is required 60 calendar days after the completion of the event, if funds are granted under this application. This report will describe the activities undertaken and results achieved based on the project described in the application. *(Note: a report template will be sent with the letter confirming support, if applicable.)*

_____ Signature	_____ Position	_____ Date
_____ Signature	_____ Position	_____ Date

Note: This application must be signed by two authorized representatives: one must be a designated signing officer of the board of directors.

Part 6 - Checklist

Have you enclosed the following items?

☐ A completed and signed application, including a detailed budget that clearly indicates how the funds will be used. *(Note: Keep a copy of the application for your records. This will help you complete your final report.)*

☐ A signed letter of support *(Note: all applications must have a signed letter of support from a local community partner or organization.)*

Submitting

African Nova Scotian Affairs cannot process incomplete applications.

Send your completed, signed application form and supporting information to:

African Nova Scotian Affairs Grant Program
1741 Brunswick Street, 3rd Floor
PO Box 2691
Halifax, NS B3J 2R5

Phone: 902-565-1288
Email: ANSAGrants@novascotia.ca