

Notice to applicants using Mac OS systems: please ensure that you complete the form using the free Adobe Acrobat Reader ([get.adobe.com/reader/](http://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 Province Postal code

Name of chair: \_\_\_\_\_ Phone \_\_\_\_\_

Chair Email: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Email: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Social media account(s) (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 registered? 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.

**If you are an organization, please identify who your organization serves. If you serve everyone, please select “General population”.**

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

## Part 2 Project Summary

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Project Title: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**Project Goals:** 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

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Complete on a separate sheet if more space is needed. (Note: Up to 1,000 words 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:

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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, 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			
<b>Total Expenses</b>			

### 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					
Municipal Government					
Other Provincial Government ( <i>excludes amount requested under this program</i> )					
Federal Government					
Donations					
Other					
Subtotal					
Total (cash plus in-kind)					
Amount Requested from ANSA's Grant Program					
<b>Project Total</b>					

\*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.)

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

\_\_\_\_\_  
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, 3<sup>rd</sup> Floor

PO Box 2691

Halifax, NS B3J 2R5

Phone: 902-563-2395

Email: ANSAGrants@novascotia.ca

Fax: 902-424-7189