

# **AFRICAN NOVA SCOTIAN AFFAIRS**



**Grants and Contributions**

**Application Package**

**Tier 1**

# **Grants and Contributions Program**

## **Information for Tier 1**

One of ANSA's goals is to encourage and support the community by assisting them to develop their organizational capacity. We attempt to offer this support in a number of ways; one is the Grants and Contributions Program. We try to ensure African Nova Scotian groups from across the province have the opportunity to access the program. Grants can be given to support projects, programs, and activities that align with ANSA's strategic goals in the following ways:

- Demonstrate a need for organizational development
- Foster collaboration between African Nova Scotian community organizations
- Address a documented need or issue
- Justify a benefit to the community

To help community groups access resources most efficiently and effectively, ANSA has revised its grant program into a two "tier" system. Below is the information and application form for Tier 1.

**Note that ANSA cannot process incomplete applications.**

### **Tier 1: For funding up to \$500.00\***

Requirements include:

1. Completed and signed application form
2. A signed letter of request clearly stating the purpose of funds

*\*Community groups can apply for this level yearly*

# ANSA Grants and Contributions Application Form: Tier 1

**African Nova Scotian Affairs will manage all information collected on this form in accordance with Section 1.11 of the Grants and Contributions Information Package and in accordance with the *Freedom of Information and Protection of Privacy Act*.**

## Part 1: Details

Please provide the following details in the space provided below using the PDF Fillable Form feature.

\*If you do not have the PDF fillable form feature: Type the answers to the following questions on a separate sheet of paper and attach to your application. Number each answer to correspond with the question number or detail.

Name of Organization: \_\_\_\_\_

Registry of Joint Stock Number (if applicable): \_\_\_\_\_

Year organization was founded: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Director/Chairperson: \_\_\_\_\_

Contact person and title (if not Director): \_\_\_\_\_

Amount requested: \_\_\_\_\_ Total project budget: \_\_\_\_\_

Project title: \_\_\_\_\_

Location(s) of project: \_\_\_\_\_

Start date of project: \_\_\_\_\_ End date of project: \_\_\_\_\_

**Part 2: Questions (Please be concise and to the point)**

Please answer the following questions below in the space provided using the PDF Fillable Form feature

\*If you do not have the PDF fillable form feature: answer the following questions on a separate sheet of paper and attach to your application. Number each answer to correspond with the question number

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

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

3. Describe the Project/Event briefly but comprehensively and how it links to ANSA's strategic goals:

4. Give an example of an event you have completed:

5. Have you contacted other departments or organizations for financial or in-kind contributions? (If yes, which ones):

6. Please give a concrete example of how the community will benefit from this project/event?

7. What information will you use to determine the success of program/event or activity?

### Part 3: Declaration

We 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.

Authorization			
This application must be signed by two authorized representatives, one must be a designated signing officer of the Board of Directors or Agents of the organization:			
_____ Authorized Signature	_____ Print Name	_____ Position	_____ Date
_____ Authorized Signature	_____ Print Name	_____ Position	_____ Date

### Reminder Checklist

- ☐ Signed Request Letter
- ☐ Completed and Signed Application Form

Submit one (1) copy of the completed Application by email, fax or mail a hard copy with all attachments to:

ANSA Grants Contribution  
African Nova Scotian Affairs  
1741 Brunswick Street, 3rd Floor  
PO Box 2691, NS B3J 3B7  
Phone: (902) 424-3414  
Fax: (902) 424-7189  
E-mail: [Josephine.Tommy@novascotia.ca](mailto:Josephine.Tommy@novascotia.ca)