

Application Period: April to December Annually, Rolling Intake

Applicant Information

Legal Name of Organization/Business: * _____

Street Number: _____ Street Address: _____ Unit/Suite: _____

PO Box: _____ City/Town: _____

Province: _____ Postal Code: _____

E-mail: _____

Website: _____

Social Media Accounts (Enter All Applicable Account Links):

Registration Information

Is your business/organization registered with the Nova Scotia
Registry of Joint Stock Companies? * Yes No

Is your business/organization registered with the Nova Scotia
Registry of Joint Stocks a non-profit society or non-profit cooperative? * Yes No

Please provide your Nova Scotia Registry
of Joint Stocks Registration Number. * _____

Identification Number (Canada Revenue Agency): _____

Chairperson or Business Owner

Contact Name: * _____

Telephone (Primary): * _____

Email: * _____

Application Contact

Contact Name: * _____

Telephone (Primary): * _____ Fax: _____

Email: * _____

Eligibility And Current Funding Status

Does your business/organization currently receive operating assistance from the Department of Communities, Culture, Tourism and Heritage or Arts Nova Scotia? * Yes No

If Yes, Please indicate the annual Funding received: _____

Has your organization applied or received investment from other programs within the Communities, Culture, Tourism and Heritage, Arts NS or Invest NS Export Development Program for the proposed project? * Yes No

Has your organization applied or received investment from any sector support organizations for the proposed project? (Example: Music Nova Scotia, Screen Nova Scotia) * Yes No

If yes, please indicate organization: _____

Does your organization/business currently have any overdue final reports to the Department of Communities, Culture, Tourism and Heritage? * Yes No

I confirm that I have contacted the CIF Program officer prior to submitting this application *

Proposal Information

What is the primary discipline of your proposal *

- | | | |
|--|--|--|
| <input type="checkbox"/> Written & Published Works | <input type="checkbox"/> Production & Fine Craft | <input type="checkbox"/> Fashion/Design |
| <input type="checkbox"/> Visual & Applied Arts | <input type="checkbox"/> Music | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Other, Please Specify | |

Choose the most appropriate project type. (click all that apply): *

- | | | |
|---|--|---|
| <input type="checkbox"/> Business/Strategic/Marketing Plan | <input type="checkbox"/> EDI Policy | <input type="checkbox"/> Market Research |
| <input type="checkbox"/> Business matchmaking/Lead | <input type="checkbox"/> Re-Branding | <input type="checkbox"/> E-marketing |
| <input type="checkbox"/> Travel/Touring | <input type="checkbox"/> Online Presence | <input type="checkbox"/> Digital/Technology |
| <input type="checkbox"/> Other: please specify project type (if not reflected above): | | |

Project Name: * _____

Project Start Date: * _____ Project End Date: * _____

Amount Requested from CIF: * _____ Total Project Cost: * _____

Project Location: * _____

Program Stream: * Export Development (Not for Profit Organizations)

Equity, Diversity, Inclusion, and Accessibility

If you are an **organization**, please identify who your organization serves. If you serve everyone, please select “General population”. If you are applying as an **individual**, please self- identify (select all that apply).

- General Population
- African Nova Scotian
- Persons of African Descent
- Mi’kmaq / Indigenous
- Racialized Groups/Communities
- Men/Boys
- Immigrants/Newcomers/Refugees
- If not identified above, please specify (Enter Other Self-Identification): _____
- Acadian/Francophone
- Gaelic/Gaels
- People Living With Disabilities
- Low Income
- Women/Girls
- Children in Care/Transitioning out of care
- Underhoused/homeless
- Youth (Under 19 years)
- Seniors (65+ years)
- 2SLGBTQIA+
- Gender Diverse

As a 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**

Informed Consent

- I consent to the sharing of my information with other government departments, organizations or contractors that the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian and Gaelic Affairs) or Arts Nova Scotia has a data sharing agreement with. *
- I consent to the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotia Affairs, Acadian and Gaelic Affairs) or Arts Nova Scotia adding my name, mailing address and e-mail to a distribution list to receive updates on programs, services, news and events.

As an individual applicant: *

- I have carefully read the application guidelines and eligibility criteria for this program and confirm that I meet the eligibility criteria.
- I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be released.
- I am aware that information I have provided in this application form is subject to the *Freedom of information and Protection of Privacy Act*, and any request for my personal information requires my written consent before it can be shared with a third party.

As a representative of an organization, consortium or group (including ad-hoc group) I confirm that: *

- I have carefully read the application guidelines and eligibility criteria for this program, and confirm that the organization, group (including ad-hoc) or consortium I represent meets the eligibility criteria.
- I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be released.
- I will act as the representative of the organization, consortium or group and will keep all participants informed of the application content and any funding decision.

Detailed Project Information

Applicants are expected to review the CIF program guidelines prior to submitting.

Appendix B of the guidelines describes how applications are assessed – applicants should address these considerations when developing their proposals.

Synopsis of Project/Activity (two or three sentences): *

Description of Project (Business Case): Describe the project or activity you would like funded. What is the proposed activity and why is it a priority for your organization? What is your organizational capacity to complete the project? Include information such as past performance and experience, measurable goals (quantitative and qualitative), timeline of project with key dates (Critical Path) and a list of contributors (consultants, services, collaborators) and their role in the project.

- If hiring a consultant, please provide a copy of the statement of work and CV with your supplementary information.
- Business Plans, Marketing Plans and other supporting information should be submitted as supplementary information.
- If applying for Touring support, please provide copies of your Tour Plan, Tour Schedule, Performance Confirmations and Marketing Plan with your supplementary information. **(Max 600 Words)**

Alignment with Program Objectives

Describe how the proposed project's objectives link to the stated objectives of the Creative Industries Fund. Refer to the Creative Industries Fund Guidelines for Program Objectives. *

(Max 500 Words)

Sector Impact

Explain how the project provides opportunity for local artists and creatives. Include any local expertise or consulting you may be using. State opportunities this project provides for underrepresented artists, contractors, cultural workers. Demonstrate presence of policies/initiatives that support practices of equity, diversity and inclusion within the project/organization.*

(Max 600 Words)

Financial Capacity *

Applicants must also complete and submit a detailed budget. **This should be submitted as a separate document to the application.** A CIF budget worksheet is available for download on our website but alternative formats will also be accepted.

All submitted budgets must include the following:

- **Expenses**

Budgets must provide detailed line items for all costs associated with the project

- Within the total costs, budgets must indicate the *total eligible costs* using the eligible and ineligible costs as identified in the CIF Program guidelines. Travel and touring requests must use the eligible funding framework set out in Appendix A of the guidelines.

- **Revenues**

Budgets must identify all revenue sources contributing to the funding of the project. Budgets should clearly indicate whether revenues are confirmed or pending.

Revenues should include the requested funding from the CIF program. **The amount of the request cannot exceed 50% of the total eligible costs identified in the project's expenses.**

If the budget shows a deficit or surplus, please provide a brief explanation in the budget notes.

Expanding on the information provided in the budget, provide details on how your business/organization will fund the balance of the project. If you have pending revenues in your budget, please indicate the likelihood of these sources and include any contingency plan you may have to fund the balance of the project if these were to not be received.*

(Max 300 words)

Supplementary Information and Discretionary Materials should be submitted to the program officer as separate attachments to the application. Materials should be specifically included to support the application and increase the reviewers' understanding of the project's intent. Please indicate whether additional materials will be sent in support of your application.* **Yes** **No**

Program Contact

Email Application to: creativeindustries@novascotia.ca

Further information: cch.novascotia.ca

Questions and Application Support:

Email: creativeindustries@novascotia.ca

Telephone: (902) 240.5984

By checking this box and typing my name below, I am electronically signing my application. *

Name of Authorized Applicant: _____

Confirmation: