|  |  |
| --- | --- |
| **Name of organization applying for grant:** | |
| * **Please check type of organization:** * local government (towns, cities, regional and rural municipalities, First Nations band/tribal councils) * not-for-profit organization: Registry of Joint Stocks # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * charitable organization: Canadian charitable # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * association: Registration information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * university | |
| **Contact person:** | **Position:** |
| **Email:** | **Phone:** |
| **Mailing address including postal code:** | |
| * **Please check type of project:** * Age-friendly Communities consultation and planning projects that result in robust community action plans. * Development and implementation project: develop and implement of new, innovative: * program * policy * service * tool and/or resource * event or conference   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Geographic area covered by project:** | |
| **Amount requested from Department of Seniors:** | |

**Application**

**Tell us about your organization**

1. Please give a brief description of your organization.
2. What is the mandate of your organization?
3. What geographic area does your organization serve?
4. Have you been previously funded by the Department of Seniors? If so, to do what?

**Tell us about your project**

1. Please give a brief description of your project.
2. What is your proposed project?
3. What do you want to achieve?
4. Who has been involved in the development of this project and who will participate, if funded?
5. How was the need for this project identified?
6. Please describe the geographic area in detail that this project will cover and how you plan to reach the whole area?
7. How does your project align with the guiding principles (see page 1 of the Guidelines) and advance the priorities (see page 2 of the Guidelines)?
8. Who are your partners? What will their contribution/role be? Please include letters of support from each partner listed that includes confirmation of their support.
9. How will you evaluate the success and impact of your project?
10. How will you ensure project continues after the funding period?

**Budget**

|  |  |  |
| --- | --- | --- |
| **Please include:**   * Cost estimates and quotes for all services. * Identify all sources of funds including other grants. * Specify the nature/extent of the in-kind contributions/support. * Provide written confirmation from organizations from which funding and in-kind support has been secured.   **Ineligible costs**  The following costs are **not** eligible for funding from the Department of Seniors:   * General operating costs for ongoing services and programs * Infrastructure: construction/renovation costs * Purchase of capital assets (property that has a useful life beyond one year – includes equipment, technology, etc.) | | |
| **ITEM** | **Total AMOUNT** | **Amount requested from Department of Seniors** |
| Professional fees/honoraria (must describe) |  |  |
| Materials (specify) |  |  |
| Capital assets |  | Not eligible |
| Transportation |  |  |
| Food / Refreshments |  |  |
| Facility / Room Rental |  |  |
| Other (must describe) |  |  |
| **TOTAL** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail on Cash or In-kind Contributions** | | | |
| **Sources of Revenue**  **(Please provide details)** | **Confirmed** | **Anticipated** | **Contact/Telephone** |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
| **Total** | **$** | **$** |  |

|  |
| --- |
| **Declaration** |
| **Your signature on this form indicates your acknowledgement of, and agreement to the following:**   * I certify that the information I have provided on this form is complete and accurate. * I certify that I have the legal authority to sign this application. * I understand that the Province has the authority to verify all information pertaining to this application. * I understand that the Department of Seniors is a public body and that any documents submitted to and accepted by the province will be subject to the privacy and disclosure provisions of the Freedom of Information and Protection of Privacy Act. * I understand that I must recognize the Department of Seniors on all reports and materials related to this funding. * I agree to provide copies of reports and materials to the Department of Seniors. * I consent to my contact and project information being made available to the public in press releases and publications and on the Department of Seniors website. |
| **Signing Authority for the Applicant**  **Print Name: Title/Position:**  **Signature: Date:** |

**Use of Your Contact Information:**

The Department of Seniors would like to be able to contact you about other programs, services and upcoming events that pertain to seniors’ issues. Please check the box and sign below if you agree to have your contact information used, by the Department of Seniors, for this purpose. *Please note*: If you do not agree to have your contact information used for this purpose, this will not have a negative impact on your application.

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

Please submit this completed application form, and supporting documentation via email [seniors@novascotia.ca](mailto:seniors@novascotia.ca) (Electronic submissions in Microsoft word format or pdf is preferred over mailing.)

The mailing address is:

Age-friendly Communities Grant

Province of Nova Scotia, Department of Seniors

Barrington Tower, 15th floor **|** 1894 Barrington Street **|** Halifax, NS B3J 2A8

For more information on Age-friendly Communities Grant or the Department of Seniors visit novascotia.ca/seniors

If you have questions or would like to discuss your idea prior to submitting a full application, please call 902-424-0770 (Toll-free 1-844-277-0770) or email [seniors@novascotia.ca](mailto:seniors@novascotia.ca)

## Applications must be received in our office by the Department of Seniors no later than **4:30 pm, Monday, December 12th, 2016**. Applications post-marked December 12th, 2016 will **not** be accepted.