*By submitting a proposal, the applicant acknowledges that their community/organization’s name and title of the project may be disclosed or announced publicly.*

*The organization’s name, and all other information in the form, including any annexes and appendices, may be shared, without any further consent, with other government departments, agencies and private sector organizations as may be required.*

**Proposals must include the following details, and may be rejected or delayed if insufficient information is provided. Attach letters of support and other project information, if available.**

**Applicant Information:**

|  |  |  |
| --- | --- | --- |
| Legal Name of Organization / Community: | | |
| Mailing Address: | | Name and Title of Contact Person: |
| E-mail Address: |
| Phone Number: | Date: | Signature: |

**Funding Request Details (attach additional pages as required):**

|  |
| --- |
| **Project Title:** |
| **Description of Project/Initiative/Event (answers to this section should not exceed 2 pages):**     1. What are the objectives? 2. What are the activities that will lead to the objectives? Please include a brief work plan. 3. What are the expected results (outputs and outcomes) of the project? 4. How will you measure the results of the project? 5. Describe the beneficiaries of the project. 6. Who are the partners involved in the project? 7. When will the project start and end? |

|  |
| --- |
| **Total Amount of Funding Requested from Aboriginal Community Development Fund:**  **$\_\_\_\_\_\_\_\_\_\_** |
| **Please complete detailed budget chart below with specifics of project expenditures and revenues (including all sources of funding).** |

**Budget Summary**

1. **Cost/Expenditure:**

|  |  |
| --- | --- |
| **Item** | **Cost ($)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

1. **Financing/ Revenues:**

|  |  |  |
| --- | --- | --- |
| **Source/contributor** | **Amount ($)** | **Confirmed (Y/N)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**Please send completed application to the Office of Aboriginal Affairs:**

Office of Aboriginal Affairs

Aboriginal Community Development Fund

PO Box 1617

5251 Duke Street, Suite 500

Halifax, NS B3J 2Y3

Phone : (902) 424-7409

Fax : (902) 424-4225

Email: [OAAgrants@novascotia.ca](mailto:OAAgrants@novascotia.ca)