

Application Period April 1 – December 15, Rolling Intake

Applicant Information

Legal Name of Organization/Business: *

Street Number: Street Name: Unit/Suite:

PO Box: City/Town:

County: Province: Postal Code:

E-mail:

Website:

Twitter: Facebook:

Other Social Media Accounts:

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 as a non-profit society or non-profit cooperative? *

☐ Yes ☐ No

If yes to either of the above questions, please provide your Nova Scotia Registry of Joint Stocks Registration Number. *

Identification Number (Canada Revenue Agency):

Chairperson Or Business Owner

Chairperson or Business Owner: *

Telephone (Primary): * Fax:

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: _____

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"/> Film | <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: * _____

Please Indicate if this Proposal is Time-Sensitive: * ☐ Yes ☐ No

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

Project Location: * _____

Program Stream: * ☐ Creative Industries Program ☐ Industry Development Program:

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): * (Provide Brief Project Description)

- 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 500 Words)*

(Max 500 Words)

Provide a detailed schedule of work for the proposed project including all relevant project milestones. ★
(Max 250 Words)

Expanding on the information provided in the budget, provide details on how your business/organization will fund the balance of the project. Reference any confirmed or pending funding sources.*
(250 words)

Confirmation: ☐