



**PARTNERSHIPS IN TRAINING
GUIDELINES AND APPLICATION**

Contact:

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*PLEASE REFER TO
GENERAL PROGRAM GUIDELINES OF THE
NOVA SCOTIA FILM DEVELOPMENT CORPORATION
FOR BASIC INFORMATION.*

PARTNERSHIPS IN TRAINING PROGRAM

a. *Objective*

To provide assistance to established organizations in order to foster the growth of the film, television, and new media industries in Nova Scotia through professional skills development activities.

b. *Eligible Applicants*

Applicants must be not-for-profit Nova Scotia organizations or national organizations offering significant benefit to Nova Scotia producers, directors, writers and crew.

c. *Eligible Programs*

Activities must be aimed at providing Nova Scotia producers, directors, writers and crew with critical and effective skill development opportunities and can include the following:

- Workshops
- Mentoring
- Hands-on production training

d. *Decision Criteria*

Decisions to participate will be based on criteria including:

- Overview of the program including: objectives, methodology, schedule, budget and instructors;
- The professional development impact of the proposed program on the growth of the Nova Scotia industry;
- The track record of the organization and training personnel;
- Proven demand for the training program; and
- The availability of similar initiatives.

e. *Financial Participation*

The Corporation will provide a non-recoupable advance to successful programs. In general, the Corporation's contribution will not exceed 25% of the total costs of the program.

f. *Program Evaluation*

The training organization must evaluate and provide a report on how objectives and evaluations were met. The training organization will also be required to obtain feedback from participants at the end of the program and submit the results to the Corporation.

g. *Funding Process*

If the Corporation decides to participate, a Letter of Commitment will be issued, valid for 90 days, outlining the major terms and conditions of the Partnerships in Training Contract. One 30-day extension may be granted at the discretion of the Corporation. Execution of a contract shall be subject to the completion of any other financing arrangements and outstanding conditions.

Nova Scotia Film Development Corporation
Partnerships in Training Application

Application will be considered incomplete if form is altered in any manner.

A. GENERAL INFORMATION

1. Title of program: _____

2. Organization name and contact: _____

Is your organization incorporated? Yes No

Is your organization not-for-profit? Yes No

Address: _____

Telephone: _____ Fax: _____

3. Nova Scotia Company Registration Number: _____

4. Date of Incorporation/Registration: _____

5. Your lawyer's name and address: _____

Telephone: _____ Fax: _____

6. Your accountant's name and address:

Telephone: _____ Fax: _____

8. Name and address of your bank and account representative:

Telephone: _____ Fax: _____

4. Has this program received previous financial assistance other than as listed above?

Amount \$ _____ Date received _____

From whom _____

5. Has this program had any other title(s)? If yes, specify:

C. ADDITIONAL INFORMATION

Please attach the following information:

1. Description of your organization, its mandate and history;
2. Description of the program for which funding is being requested, including objectives, methodology, schedule, and instructors;
3. Proposed budget for the program including the amount requested from the Corporation;
4. Outline of the benefits to the Nova Scotia film, television and new media industry including how the program will provide opportunities for individuals that are traditionally under represented in the film industry.
5. Proof of demand for the training program and absence of similar initiatives;
6. Information on the success of previous programs, if applicable.

I also acknowledge that the Nova Scotia Film Development Corporation may request additional application materials in order to complete the analysis of my application and I agree to provide any additional requested documentation in a timely manner.

I hereby declare and warrant that to the best of my knowledge, the information contained herein is true and complete and I authorize the Nova Scotia Film Development Corporation to contact sources necessary to verify the contents of this application and supporting documents.

Signature of Authorized Representative of the Applicant

Title

Print Name

Date