



**Tourism, Culture and Heritage**  
**Culture Division**

World Trade and  
 Convention Centre  
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 PO Box 456  
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 Canada B3J 2R5

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 Email: [cultaffs@gov.ns.ca](mailto:cultaffs@gov.ns.ca)

## Gaelic Activities Program Application Form

Name of Organization/Applicant: \_\_\_\_\_

Society Registration #: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Contact person (if not chair) \_\_\_\_\_

Mailing address: \_\_\_\_\_

County: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Chairperson: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Phone: Contact person: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail/Website: \_\_\_\_\_

Project name: \_\_\_\_\_

Location of Activity \_\_\_\_\_

Start Date (month/year) \_\_\_\_\_ / \_\_\_\_\_ End Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

Total project costs \_\_\_\_\_ Amount requested \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the project questionnaire on the following pages.**

**Please complete all parts of the application form in the space provided. You may provide your responses on separate pages and attach them to the application form but be sure to clearly indicate to which question you are responding.**

1. Provide a short description of your organization (year established, its purpose, its recent activities)

2. What do you want to do? (Provide a full description of the project for which you are requesting financial support)

3. How will your project achieve the following goals (see details on page one of the project description):

- increase Gaelic language opportunities
- encourage and promote all forms of Nova Scotia's Gaelic cultural expression
- strengthen Gaelic organizational and community capacity

4. Who are your partners? (State the names of individuals and organizations who will be participate in carrying out the project and describe the knowledge and expertise each brings to the project)

5. What will success look like? (What will you measure to know if you have achieved your goals or objectives?)

6. Have you applied for funding from any other government department for this project? If so, please list name of department and amount requested.

### **Optional**

The department will assemble an External Assessment Panel composed of people who meet at least two of the following criteria:

- Knowledge of the Gaelic history, culture or traditions.
- Involvement at the community level in the education and/or promotion of Gaelic in Nova Scotia
- A background in community development, particularly with regard to cultural planning, promotion and development.
- Past experience on similar assessment panels and/or in administering public funds

If you wish, provide the names of people you think could provide a fair and objective assessment of your organization:

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7. Budget: All applicants are required to complete the budget form below. Please feel free to add sections or revise the suggested budget below to allow for as much detail as possible. Please identify whether your contribution is either in-kind or cash.

For activities with budgets greater than \$10,000, please also attach your own detailed budget.

**Projected Revenues**

Earned from registration fees, admissions, concessions, sales, etc. \_\_\_\_\_  
 Sponsorships, donations and/or fundraising \_\_\_\_\_  
 Other government support \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contribution from applicant \_\_\_\_\_  
 Other sources \_\_\_\_\_

**Total Revenues** \_\_\_\_\_

**Projected Expenses**

Equipment and materials \_\_\_\_\_  
 Venue or hall rental \_\_\_\_\_  
 Staff cost or resource person fees & expenses \_\_\_\_\_  
 Promotion/Publicity \_\_\_\_\_  
 Administration \_\_\_\_\_  
 Other \_\_\_\_\_  
 Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Surplus (Shortfall)** \_\_\_\_\_

**Amount requested** \_\_\_\_\_

**Send applications to: Gaelic Activities Program, Culture Division, Department of Tourism, Culture and Heritage P.O. Box 456, Halifax, Nova Scotia, B3J 2R5. For more information, call (902) 945-2114. Fax (902) 945-2628.**