



Office of Gaelic Affairs

PO Box 261
Mabou Nova Scotia
Canada B0E 1X0

Bus: 902 945-2114
Fax: 902 945-2678
Web: www.gov.ns.ca/dtc
Email: maceacff@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 Office of Gaelic Affairs 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:

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, Office of Gaelic Affairs, PO Box 261, Mabou, Nova Scotia, B0E 1X0. For more information, call (902) 945-2114. Fax (902) 945-2628.