

Community Generator Program



Application Form

Application Deadline: February 14, 2023

SECTION 1 – APPLICANT INFORMATION				
Name of Applying Organization:				
Address of Organization				
Street Number	Street Address	Suite (if applicable)		
PO BOX (if applicable)	City/Town	Province	Postal Code	
Contact Information of Chairperson / Chief		Contact Information of Project Lead		
Name of Chairperson / Chief		Name of Project Lead		
Telephone (Primary)		Telephone (Primary)		
Telephone (Alt)		Telephone (Alt)		
Fax		Fax		
E-Mail		E-Mail		
Identification Number of Applying Organization (if applicable)				
Is your organization registered under the following? a. Nova Scotia Registry of Joint Stocks, as a not-for-profit Society, OR b. Government of Canada, as a Charity or not-for-profit Federal Corporation If yes, please provide your organization's identification number: _____			CHECK ONE	
			YES	NO
Amount Requested (maximum of \$50,000)			Total Estimated Project Costs	

SECTION 2 – ORGANIZATION AND FACILITY DETAILS

Please respond in the blank spaces provided, where applicable. If more space is needed, please add an attachment

PROPERTY OWNERSHIP OR LEASE

Your organization must:
 Own the property where the work will take place. Please attach a copy of the deed. If a deed is unavailable, please attach a copy of the most recent Property Tax Assessment.
 OR
 Maintain a long-term lease of at least 5 years with the owner of the property where the work will take place. Please attach a copy of the lease. If a lease is unavailable, please attach a recent letter from the property owner, confirming the term of lease and approval of the proposed project work.

Ownership may be verified at any time during the review process. If the property is leased, the owner may be contacted.

FACILITY PROFILE

Please answer the following questions about your organization:	CHECK ONE	
	YES	NO
Are you currently designated as a Comfort Centre by your Municipality?		
Will you be able to provide food / drink in accordance with to community members in accordance with Nova Scotia Food Hygiene (Handling) Courses?		
Will you be able to provide charging stations / outlets for personal devices?		
Will you be able to provide heat and washrooms for public use?		
What type of building is your facility? (Check One) Church Hall Community Hall Cultural Centre Fire Hall Fire Station Food Bank Library Museum / Archives Legion Other _____		
How many people can you serve during an emergency or disaster at one time?		
How many volunteers are available during an emergency or disaster at one time?		
How many days do you expect to be able to operate in the event power is not restored for an extended period?		
What about your facility / organization makes it suitable to be a gathering place during an emergency or disaster? (Attach no more than 1 additional page if required). 		

SECTION 3 – PROJECT DETAILS

Please answer the following questions about your project:	CHECK ONE	
	YES	NO
Are you purchasing a new generator(s)?		
Are you servicing or refurbishing an existing generator(s)?		
Are panel upgrades / modifications included?		
Are the installation and site preparation costs included?		
Are propane tanks / fuel source being installed?		
Is the installation being performed by qualified technicians?		
Do you have formal quotes for the equipment and labour portions? Attach all quotations, product information sheets, or catalogue information. If no, or the information is incomplete, please explain why below or attach additional information:		
Project Start Date <i>(no earlier than program opening)</i>	Project End Date <i>(no later than March 15th, 2024)</i>	

SECTION 4 – PROJECT BUDGET

Please respond in the blank spaces provided, where applicable. If more space is needed, please add an attachment.

4A: ESTIMATED COSTS

Complete the table below with details of the estimated project costs.

Item	Who will be involved?	When?	Cost (\$)
<i>Example 1: Supply and Installation of backup generator and transfer switch. Labour and Materials are included. Estimate is attached.</i>	<i>ABC Electrician</i>	<i>Nov 17- Nov20</i>	<i>\$5,000</i>
<i>Example 2: Paint walls – 2 volunteers will prep site paint after installation is completed. Donated/in-kind cost includes 2 volunteers x 3hrs/day x 5days x \$20/hr = \$600</i>	<i>Volunteers</i>	<i>Dec 1 – Dec 7, 2023</i>	<i>\$600</i>

TOTAL ESTIMATED PROJECT COSTS

4B: PROJECT REVENUES AND CONTRIBUTIONS

Complete the table below with details of the project revenues and contributions. Ensure that you have also addressed the following points:

- Your organization must contribute at least 20% of the Total Estimated Project Costs. This can be a cash, in-kind or a combination.
- The value of donated/in-kind contributions of labour and materials can be included below, if they are essential to the project.
- Total Project Revenues and Contributions must be equal to the Total Estimated Project Costs.
- If revenues/contributions are confirmed, please attach documents/letters of confirmation.

What are the sources of revenue/contribution for this project?	Cash (\$)	Donated / In-Kind (\$)	Confirmed? (Yes or No)	Total (\$)
Your Organization's Contribution: <i>Refer to points mentioned above</i>				
Amount Requested from this Program: <i>Must not exceed 80% of Total Estimated Project Costs and a maximum of \$50,000</i>		N/A	No	
Other Funding Sources (Federal /Municipal Grants, Donations etc.)				
		N/A		
TOTAL PROJECT REVENUES AND CONTRIBUTIONS				

SECTION 5 – CHECKLIST

Only completed applications will be accepted and reviewed.

Applications are considered complete when ALL of the following items are addressed/included in your application package, at the time of submission (please check-off the boxes below):

The 2023-2024 Community Generator Program Guidelines have been reviewed.

A copy of proof of property ownership/leasing is attached.

A cost estimate from an external contractor(s)/supplier(s) is attached (where available).

Documents/letters of confirmation are attached for confirmed revenues/contributions.

The 'Declaration' has been reviewed and accepted.

The Application Form has been signed and dated by the Chairperson / Chief, on Page 8.

SECTION 6 – CONSENT AND DECLARATION

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 Scotian, 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.

Declaration

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 considered.
- I understand that my current application may not be eligible if any of my final reports have not been submitted and approved.
- 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 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 considered.
- I understand that my current application may not be eligible if any of my final reports have not been submitted and approved.
- 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.

I accept all of the declaration statements above that are applicable to me as an individual application or as a representative of an organization, consortium or group. I understand that not accepting these statements as true will affect eligibility for this funding application.

Name

Title (if applicable)

Signature

Date

SECTION 7 – CONTACT US

Please send your completed application to us by email, mail, or fax on or before the deadline.

E-mail:

CommunitiesNS@novascotia.ca

Phone:

(902) 424-6570

Fax:

(902) 424-0710

Mail:

Communities Nova Scotia Unit
Department of Communities, Culture, Tourism and Heritage
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