



## Arts Equity Funding Initiative

Complete this form using Adobe Reader (free at [get.adobe.com/reader](http://get.adobe.com/reader)) or Adobe Acrobat. All other third party readers including default pdf readers used by browsers may not perform properly.

Fields marked with a red asterisk (\*) are mandatory and must be completed.

### Self-Identification

The **Arts Equity Funding Initiative** is a program designed to help emerging professional artists from designated communities that have historically faced barriers to accessing funding support.

Arts Nova Scotia is committed to diversity, accessibility and inclusion when providing programs and services to all Nova Scotians.

The information in this form will be used:

- To identify eligible applicants to the **Arts Equity Program**.
- To help Arts Nova Scotia gather statistics about how we are reaching the designated communities.
- To help Arts Nova Scotia communicate with individuals and organizations from the designated communities.

**The information in this form will not be given to the peer assessment committee.**

**Note:** Before you start, refer to the program guidelines for Eligibility Criteria.

Applicant Information				
Last Name*	First Name*	Legal Last Name (if different)		Legal First Name
Or organization or small group				
Address, Include street number and name*				Apt.
PO Box	City/Town*	County*	Province*	Postal Code*
Telephone - Home*		Telephone - Business	Fax	
Email*				
I am a Canadian citizen or permanent resident of Canada*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nova Scotia has been my primary residence for at least the past 12 months*				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Individuals** Indicate if you are a person who identifies as belonging to one or more of the following groups:

<input type="checkbox"/> Mi'kmaq	<input type="checkbox"/> Visible minorities of African, Asian, Latin American, Middle Eastern and mixed racial descents
<input type="checkbox"/> First Nations, Inuit, Metis	<input type="checkbox"/> Living with the barriers related to a disability
<input type="checkbox"/> Indigenous person from outside of Canada	<input type="checkbox"/> Living with the barriers related to Mental Illness
<input type="checkbox"/> African Nova Scotian	
<input type="checkbox"/> Deaf	

**Organizations** Indicate if the staff and board of your organization are a person who identify as belonging to one or more of the following groups:

<input type="checkbox"/> Mi'kmaq	<input type="checkbox"/> Visible minorities of African, Asian, Latin American, Middle Eastern and mixed racial descents
<input type="checkbox"/> First Nations, Inuit, Metis	<input type="checkbox"/> Living with the barriers related to a disability
<input type="checkbox"/> Indigenous person from outside of Canada	<input type="checkbox"/> Living with the barriers related to Mental Illness
<input type="checkbox"/> African Nova Scotian	
<input type="checkbox"/> Deaf	

**All applicants\***

Is this your first time applying to an Arts Nova Scotia funding program?  Yes  No

Are you a past recipient of Arts Nova Scotia funding?  Yes  No

I have signed on the signature line below to confirm that I agree to the following:

- The information I have provided is true and complete.
- I have provided the personal information on this form with understanding that it will be used only for the purposes stated in this form and that Arts Nova Scotia require my written consent before they can use my personal information for any other purpose.

Signature*	
Name (print)*	Date*

**Contact Us**

<b>Email application to:</b> artsnssubmissions@novascotia.ca	<b>For further information:</b> Enrique Ferreol, Program Officer Telephone: 902-424-6472 E-mail: Enrique.Ferreol@novascotia.ca Web: www.artsns.ca
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