Arts Equity Funding Initiative Application Form



This is the application form for Arts Nova Scotia's Arts Equity Funding Initiative program. This form will only be used for internal purposes and will not be sent to assessors.

Please only submit this form once.

When you submit your form, you are given the option to download a PDF copy of your answers. We strongly suggest that you do so.

This form is only one of several required documents. Please refer to the "Application Checklist" document at artsns.ca/programs/arts-equity-funding-initiative for a list of all required documents.

You can view a preview of this complete form through the links below:

For Individual or Duo Applicants:

 $\underline{https://artsns.ca/sites/default/files/2023-12/AEF_OnlineAppForm-Ind_SAMPLE.pdf}$

For Organization or Group Applicants:

 $\underline{https://artsns.ca/sites/default/files/2023-12/AEF_OnlineAppForm-Orgs_SAMPLE.pdf}$

* Required

Choose your form

The question below will guide you to the proper application form you need to fill out.

1. Click the option that best describes you. *
I am an individual artist applying for myself
Myself and one other artist are applying together as an artist duo
I am applying on behalf of an organization or group of professional artis

Artist Information - Individual Artist

This application form is for individual artists. If you are applying on behalf of an organization, group, or if you and another artist are co-applicants, please click the "Back" button at the bottom of this page to select a different form.

First Name *			
Last Name *			

4. Legal First Name (if different)

Why do we ask for your legal name?

Your legal name is required by the Department of Finance to pay you if you receive funding. Your legal name will not be used for any other purpose and will not be shared with the peer assessment committee.

Arts Equity Funding Initiative Ap	plication Form
-----------------------------------	----------------

5.	Legal Last Name (if different)
6.	Address (street number and name) *
7.	Apt#
8.	PO Box
9.	City/Town *
10.	County
11.	Province *
	○ AB
	○ BC
	МВ
	○ NB
	○ NL
	○ NS
	O NT
	○ NU
	ON
	O PE
	○ qc
	○ sĸ
	○ үт
12.	Postal Code *

13.	reiepnone (nome) "
14.	Telephone (business)
15.	Email *
16.	I am a Canadian citizen or permanent resident of Canada. *
	Yes
	○ No
17.	Nova Scotia has been my primary residence for at least the past 12 months. *
	Yes
	○ No
	Do you require access support? Click the link below for more information on the Access Support Supplement: https://artsns.ca/programs/access-support-supplement
	Yes
	○ No

3 of 23

Artist Information - Artist Duo

	is application form is for two artists who are applying together. If you are applying as an individual artist or on behalf of an ganization or group, please click the "Back" button at the bottom of this page to select a different form.
19.	Artist #1: First Name *
20.	Artist #1: Last Name *
21.	Artist #1: Legal First Name (if different) Why do we ask for your legal name? Your legal name is required by the Department of Finance to pay you if you receive funding. Your legal name will not be used for any other purpose and will not be shared with the peer assessment committee.
22.	Artist #1: Legal Last Name (if different)
23.	Artist #1: Address (street number and name) *
24.	Artist #1: Apt #
25.	Artist #1: PO Box
26.	Artist #1: City/Town *
27.	Artist #1: County

28.	Artist #1: Province *
	О АВ
	Овс
	○ MB
	○ NB
	○ NL
	○ NS
	O NT
	○ NU
	ON
	O PE
	○ qc
	○ sk
	○ үт
29.	Artist #1: Postal Code *
30.	Artist #1: Telephone (home) *
31.	Artist #1: Telephone (business)
32.	Artist #1: Email *
33.	Artist #1: I am a Canadian citizen or permanent resident of Canada. *
	Yes
	○ No
34	Artist #1: Nova Scotia has been my primary residence for at least the past 12 months. *
	Yes
	○ No

A rtc	Equity	Funding	Initiative	Applicatio	n Form
Arts	Equity	runame	Illilliative	Abblicatio	птопп

35.	Artist #2: First Name *
36.	Artist #2: Last Name *
37.	Artist #2: Legal First Name (if different)
	Why do we ask for your legal name?
	Your legal name is required by the Department of Finance to pay you if you receive funding. Your legal name will not be used for any other purpose and will not be shared with the peer assessment committee.
38.	Artist #2: Legal Last Name (if different)
39.	Artist #2: Address (street number and name) *
40	A stire HO. A a still
40.	Artist #2: Apt #
41.	Artist #2: PO Box
42.	Artist #2: City/Town *
	,
40	A
43.	Artist #2: County

44. Artist #2: Province *
○ AB
○ BC
○ NB
○ NL
○ NS
○ NT
O NU
ON
○ PE
○ qc
○ sk
∨т
45. Artist #2: Postal Code *
46. Artist #2: Telephone (home) *
47. Artist #2: Telephone (business)
41. Attist #2. Telephone (business)
48. Artist #2: Email *
49. Artist #2: I am a Canadian citizen or permanent resident of Canada. *
Yes
○ No
50. Artist #2: Nova Scotia has been my primary residence for at least the past 12 months. *
○ Yes

Acc	either of you require access support? Click the link below for more information on the cess Support Supplement: ps://artsns.ca/programs/access-support-supplement
\circ	Yes
\circ	No

Th	pplicant information – Organization of Group is application form is for someone applying on behalf of an organization or group. If you are applying as a single artist or i u and another artist are applying together, please click the "Back" button at the bottom of this page to select a different m.
52.	Name of Organization / Group *
53.	Address (street number and name) *
54.	Suite #
55.	РО Вох
56.	City/Town *
57.	County
58.	Province *
	○ AB
	○ BC
	О мв
	○ NB
	○ NL
	○ NS
	○ NT
	O NU

ONPE

O QC

SKYT

Arts	Equity	Funding	Initiative A	Ann	lication	Form
uu	Lquity	1 unumg	IIIIIIIIII V C 1	Thb.	iicanon	1 01111

59.	Postal Code *
60.	Email *
61	Website
.	The state of the s
62.	Facebook
63.	Twitter
64.	Other Social Media Accounts
65.	Is your organization registered with the Nova Scotia Registry of Joint Stocks as a non-profit society or non-profit cooperative? *
	Yes
	○ No
66.	What is your Registry of Joint Stocks Registration Number? *
67.	Are you a group of three or more professional artists (majority living in Nova Scotia) who are creating a new work together? *
	○ Yes
	○ No
68.	Does your organization receive operating assistance from Arts Nova Scotia or the Department of Communities, Culture, Tourism and Heritage? *
	Yes
	○ No
	···

69.	How much do you receive annually?
70.	Contact Name *
71.	Contact Phone - Primary *
72	Contact Phone - Secondary *
12.	Contact Priorie - Secondary
73.	Contact Email *
74.	Name of Chairperson or Organization Owner
75.	Chair or Owner Phone - Primary
76	Chair or Owner Phone - Secondary
70.	Cital of Owner Front Secondary
77.	Chair or Owner Email
	Do you require access support? Click the link below for more information on the Access Support Supplement:
	https://artsns.ca/programs/access-support-supplement
	○ Yes
	○ No

Eligibility Notice

One of the responses you've entered indicates that you are not eligible for this program. If this was a mistake, click "Back" to change your answer. Otherwise, you can contact a program officer to clarify the eligibility requirements.

Are you sure you have the correct form?

The answers you've entered indicate that you may have selected the wrong application form. Click "Back" until you reach the first page where you "Choose Your Form".

Access Support Request - Individuals and Artist Duos

Access Support is a supplement to a project grant that funds individual applicants who selfidentify as Deaf, having disabilities or living with mental illness, as well as groups and organizations who want to increase the accessibility to their presentation/production for audience and/or participants. This supplementary grant provides a contribution towards costs for specific services and supports required to carry out a project funded by Arts NS.

Activities Assisted and Level of Funding

Up to \$1000 for individuals and up to \$2500 for groups/organizations

Eligibility

Individuals must:

- self-identify as Deaf, having disabilities or living with mental illness
- · be eligible to Arts NS programs

Groups and organizations must:

• be eligible to Arts NS programs

Eligible expenses:

A contribution towards costs associated with disability-related supports and services required to carry out your activities, including (but not limited to):

- sign language interpretation
- personal care attendant or support worker
- a transcriber or specialized editor
- · personal project coordinator or assistant
- · a guide or visual describer
- · converting material into accessible formats
- · rental of specialized equipment needed for personal access or support

Ineligible expenses include:

- major capital costs (e.g. purchase of a wheelchair, vehicle, computer, renovations, etc.)
- supports and services required for daily living (e.g. home care, regular therapy, medication etc.)
- services and supports that are not directly tied to your funded activities
- services and supports for which you are already receiving funding from another agency
- expenses incurred before your associated grant start date or after the submission of your final report

Application Requirements

Applications must be delivered with associated project grant.

Application Assessment

To receive this supplementary grant, your associated project grant must first be successful. Following this, your Access Support application will be assessed by a program officer based on:

- a reasonable budget
- how directly the support is tied to carrying out the activities in your associated project grant
- funds available

Please note, if your Access Support application is successful, you might not be awarded the full amount requested.

Notification of results

Conditions of Funding

If your application is successful, payment will be released with the project grant after the signed Terms and Conditions agreement is returned. A separate final report for this supplementary grant is not required; instead you must report on the Access Support funding in the final report submitted for the associated grant.

Contact

You are encouraged to speak with the Program Officer responsible for your associated grant before submitting an application

79. Detailed Description

Describe in detail the services and supports required to carry out your proposed activities.

The detailed description should include as much detail as possible and describe why the supports and/or services are required to carry out your activities. Please also include the cost of each service/support in your description. *

80.	Total Request
ı	Please enter the total cost of all your required supports and/or services. *

Access Support Request - Organizations and Groups

Access Support is a supplement to a project grant that funds individual applicants who selfidentify as Deaf, having disabilities or living with mental illness, as well as groups and organizations who want to increase the accessibility to their presentation/production for audience and/or participants. This supplementary grant provides a contribution towards costs for specific services and supports required to carry out a project funded by Arts NS.

Activities Assisted and Level of Funding

Up to \$1000 for individuals and up to \$2500 for groups/organizations

Eligibility

Individuals must:

- self-identify as Deaf, having disabilities or living with mental illness
- be eligible to Arts NS programs

Groups and organizations must:

• be eligible to Arts NS programs

Eligible expenses:

A contribution towards costs associated with disability-related supports and services required to carry out your activities, including (but not limited to):

- sign language interpretation
- personal care attendant or support worker
- a transcriber or specialized editor
- personal project coordinator or assistant
- a guide or visual describer
- converting material into accessible formats
- rental of specialized equipment needed for personal access or support

Ineligible expenses include:

- \bullet major capital costs (e.g. purchase of a wheelchair, vehicle, computer, renovations, etc.)
- supports and services required for daily living (e.g. home care, regular therapy, medication etc.)
- services and supports that are not directly tied to your funded activities
- services and supports for which you are already receiving funding from another agency
- expenses incurred before your associated grant start date or after the submission of your final report

Application Requirements

Applications must be delivered with associated project grant.

Application Assessment

To receive this supplementary grant, your associated project grant must first be successful. Following this, your Access Support application will be assessed by a program officer based on:

- a reasonable budget
- how directly the support is tied to carrying out the activities in your associated project grant
- funds available

Please note, if your Access Support application is successful, you might not be awarded the full amount requested.

Notification of results

Conditions of Funding

If your application is successful, payment will be released with the project grant after the signed Terms and Conditions agreement is returned. A separate final report for this supplementary grant is not required; instead you must report on the Access Support funding in the final report submitted for the associated grant.

Contact

You are encouraged to speak with the Program Officer responsible for your associated grant before submitting an application

81. Rationale

In the space below, describe the rationale for the services and supports rec	luested to carry
out your proposed activities.	

82.	Detailed Description
	Describe in detail the services and supports required to carry out your proposed activities.
	The detailed description should include as much detail as possible and describe why the supports and/or services are required to carry out your activities. Please also include the cost of each service/support in your description. *
83.	Total Request
	Please enter the total cost of all your required supports and/or services. *

Arts Equi	ty Funding	Initiative	Application	1 Form

Project Information

84.	Artistic Discipline Note : The definition of Media Arts within Arts Nova Scotia's programming has changed. See our Glossary of Terms page for details: https://artsns.ca/glossary-terms#media-arts *
	Craft
	Oance
	○ Literary
	○ Visual Arts
	Media Arts
	○ Theatre
	O Music
	Other
85.	Grant Category
	Create: \$15,000 maximum, \$500 minimum. Assists with projects that involve the creation of a new work of art in any form including cross-disciplinary or multi-disciplinary work.
	Present: \$12,000 maximum, \$500 minimum. Assists with projects that involve public presentation of the artistic work(s).
	Professional Development: \$12,000 maximum, \$500 minimum. Assists with projects that involve activities intended to strengthen artistic or administrative capacity through formal study programs, mentorship, workshops, apprenticeship, conferences and other professional development activities.
	○ Create
	Present
	Professional Development
86.	Project Name *
87.	Location of Project - Where do you plan to carry out your project? Which city, province, or country? *
88.	Project Start Date
	Note: Project start dates must be after the deadline. *

09.	Froject End Date
90.	Amount Requested *
91.	Total Expenses *

Brief Description of Project

plan to use the grant funds for.					

Mailing List Opt-in

93.	Would you link to opt-in to the Arts Nova Scotia mailing list? We use this list to communicate
	information about our programs, deadline reminders, awards announcements, and other
	information.

O Yes

O No

Mandatory Application Documents

14.	Please note that the following application documents must also be sent, by email, to artsnssubmissions@novascotia.ca in order for your application to be complete. If mandatory components are missing from your application, it can be deemed ineligible. We cannot accept materials after the deadline:
	-Self Identification Form
	-Project Description
	-Schedule of Work
	-Artist CV
	-Group member statements (for group applicants of three or more people)
	-Background information about the organization (for organization applicants only)
	-Support Material (not necessary for special travel grants)
	-Support Material Annotations (not necessary for special travel grants)
	-Budget
	-Any letters of support, intent, or confirmation if necessary

See the Arts Equity Funding Initiative program page for further information about the above

Please confirm your understanding of the above information. *

https://artsns.ca/programs/arts-equity-funding-initiative

| I understand

Declaration
95. I declare that all the information provided is complete and true to the best of my knowledge. *
☐ I agree
This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner. Microsoft Forms
WILLOSOFT FUITIS

23 of 23