

## Mi'kmaq Arts Program Application Form



This is the application form for Arts Nova Scotia's Mi'kmaq Arts 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/mikmaq-arts-program](https://artsns.ca/programs/mikmaq-arts-program) for a list of all required documents.**

\* 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, Mi'kmaq band, or group of professional artists

### 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.

2. First Name \*

3. 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.

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
- MB
- NB
- NL
- NS
- NT
- NU
- ON
- PE
- QC
- SK
- YT

12. Postal Code \*

13. Telephone (home) \*

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

18. 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

### Artist Information - Artist Duo

This application form is for two artists who are applying together. If you are applying as an individual artist or on behalf of an organization 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)

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 \*

- AB
- BC
- MB
- NB
- NL
- NS
- NT
- NU
- ON
- PE
- QC
- SK
- YT

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

35. Artist #2: First Name \*

36. Artist #2: Last Name \*

37. Artist #2: Legal First Name (if different)

38. Artist #2: Legal Last Name (if different)

39. Artist #2: Address (street number and name) \*

40. Artist #2: Apt #

41. Artist #2: PO Box

42. Artist #2: City/Town \*

43. Artist #2: County

44. Artist #2: Province \*

- AB
- BC
- MB
- NB
- NL
- NS
- NT
- NU
- ON
- PE
- QC
- SK
- YT

45. Artist #2: Postal Code \*

46. Artist #2: Telephone (home) \*

47. Artist #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
- No

51. Do either of 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



### Applicant Information - Organization

This application form is for someone applying on behalf of an organization. If you are applying as a single artist or if you and another artist are applying together, please click the "Back" button at the bottom of this page to select a different form.

52. Name of Organization, Band or Group \*

53. Address (street number and name) \*

54. Suite #

55. PO Box

56. City/Town \*

57. County

58. Province \*

- AB
- BC
- MB
- NB
- NL
- NS
- NT
- NU
- ON
- PE
- QC
- SK
- YT

59. Postal Code \*

60. Email \*

61. Website

62. Facebook

63. Twitter

64. Other Social Media Accounts

65. Are you a Mi'kmaq band? \*

Yes

No

66. Is your organization registered with the Nova Scotia Registry of Joint Stocks as a non-profit society or non-profit cooperative? \*

Yes

No

67. What is your Registry of Joint Stocks Registration Number? \*

68. Are you a group of three or more professional artists (majority living in Nova Scotia) who are creating a new work together? \*

Yes

No

69. Does your organization receive operating assistance from Arts Nova Scotia or the Department of Communities, Culture, Tourism and Heritage? \*

Yes

No

70. How much do you receive annually?

71. Contact Name \*

72. Contact Phone - Primary \*

73. Contact Phone - Secondary \*

74. Contact Email \*

75. Name of Chairperson, Organization Owner, or Chief

76. Chair, Owner, or Chief Phone - Primary

77. Chair, Owner, or Chief Phone - Secondary

78. Chair, Owner, or Chief Email

79. 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 self-identify 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

The applicant will be notified about their Access Support application in their associated project grant letter.

#### 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

## 80. 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. \*

81. Total Request

Please enter the total cost of all your required supports and/or services. \*

## Access Support Request - Organizations, Groups and Bands

Access Support is a supplement to a project grant that funds individual applicants who self-identify 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.

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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
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#### Ineligible expenses include:

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#### Contact

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

## 82. Rationale

In the space below, describe the rationale for the services and supports requested to carry out your proposed activities. \*



83. 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. \*

84. Total Request

Please enter the total cost of all your required supports and/or services. \*

## Project Information

## 85. 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
- Dance
- Literary
- Visual Arts
- Media Arts
- Theatre
- Music
- Other

## 86. 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

## 87. Project Name \*

## 88. Location of Project - Where do you plan to carry out your project? Which city, province, or country? \*

## 89. Project Start Date

**Note:** Project start dates must be after the deadline. \*

90. Project End Date \*

91. Amount Requested \*

92. Total Expenses \*

Brief Description of Project

93. Please provide two to three sentences briefly describing what your project is and what you plan to use the grant funds for.

### Mailing List Opt-in

94. Would you like 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.

Yes

No

## Mandatory Application Documents

95. Please note that the following application documents must also be sent, by email, to [artsns submissions@novascotia.ca](mailto:artsns submissions@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:

- Identification Form (if you haven't completed the identification process already)
- Project Description
- Schedule of Work
- Artist CVs
- Group member statements (for group applicants)
- Background information about the organization (for organization applicants only)
- Support Material
- Support Material Annotations (optional but strongly recommended)
- Budget
- Any letters of support, intent, or confirmation if necessary

See the Mi'kmaq Arts Program page for further information about the above documents:  
<https://artsns.ca/programs/mikmaq-arts-program>

Please confirm your understanding of the above information.

\*

I understand

### Declaration

96. I declare that all the information provided is complete and true to the best of my knowledge.

\*

I agree

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