Anti-Black Racism Grants Program Application Form

If you have any questions, please contact the African Nova Scotian Affairs Integration Office/ANSAIO at ANSAIO@halifax.ca or 902.490.3326

1. Registered name of applicant organization

2. Mailing address

3. Project Location (if different from mailing address)

4. Contact Person

Name:

Phone Number:

E-mail Address:

5. Please provide applicable non-profit or charitable status registration number

Non-profit society registered with the Nova Scotia Registry of Joint Stock Companies

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Non-Profit association incorporated under the Co-operatives Associations Act (1989) and registered with the Nova Scotia Registry of Joint Stocks Companies

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Non-Profit housing cooperative registered with the Nova Scotia Registry of Joint Stocks Companies
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Non-Profit incorporated registered with Industry Canada

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Canadian charity registered with the Canada Revenue Agency

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Non-Profit organization incorporated under an Act of the Nova Scotia Legislature or an Act of the Parliament of Canada. Name of Act

6. Check program funding priorities addressed in the application

- ☐ Racial Segregation
- ☐ Negative Portrayal in Media & Literature
- ☐ Historic Omission
- ☐ Lack of Recognition
- ☐ Systemic Expropriation

Check Regional Council priorities addressed in the application

- ☐ Safe Communities: Residents and visitors feel safe and are supported by a network of social infrastructure that helps community members thrive.
- ☐ Involved Communities: Residents are actively involved in their communities and enjoy participating and volunteering in a wide range of leisure, learning, social, recreational, and civic opportunities.
- ☐ Inclusive Communities: Residents are empowered as stewards and advocates for their communities, and work with the municipality and others to remove systemic barriers.
- ☐ Diverse, Inclusive & Equitable Environment: Diversity, inclusion and equity are fostered to support all our people in reaching their full potential

7. Describe the project your organization wants to do and the people the project aims to serve. **Attach additional information if required** (**maximum 3 pages**)

8. Amount requested from the Anti-Black Racism Grants Program. **Required:** $:	**9. Will receive other funding from HRM** Yes: ☐ No: ☐

10. Project Budget (Part one) List all possible sources of project funding. **Do not include in kind**

Source of funding	Amount ($)	Confirmed?			
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
Total Project Cost	**$**				

11. Project Budget (Part two) Please list items and costs of the project

Item description - Do not include in kind (donated) costs	**$ Amount**
Total cost of project (should equal total funding sources)	**$**

Please include the following with your application.

☐ Financial statements: Your organizations annual financial statements for last year. Statements should include all revenues, expenses, assets and liabilities.

☐ Application has been signed by two authorized representatives of the organization one of which must be a member of the Board of Directors

In accordance with section *485 of the Municipal Government Act (MGA)*, any personal information collected on this application form will only be used by municipal staff and, if necessary, individuals and/or organizations under service contract with the Halifax Regional Municipality, for purposes relating to the administration of the Anti-Black Racism Grants Program. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902.493.2148 or privacy@halifax.ca.

Applicants are advised that extracts from an application may be cited in a public report.

Conditions of Approval
If a Grant is approved by Council, the grant is subject to conditions that will be set out in the written notification to the recipient at the time of approval, including the following:

1. a grant awarded under this program shall only be used for the project as set out in the application and approved
2. Funding must be spent within the required time frame as described in the award notification unless an extension has been approved.
3. no portion of a grant awarded under this program may be used for ineligible expenditures as set out in the *Anti-Black Racism Grants Program Administrative Order*
4. the grant recipient shall submit a final report by the reporting deadline set out by the municipality, which shall include proof acceptable to the municipality of expenditures funded using the grant
5. any surplus funds of $50 or more remaining at the time of the final report shall be returned to the municipality when the final report is submitted

Waiver
I submit this application for approval of a community grant with the full knowledge and authorization of the applicant organization and hereby certify that I am an authorized signing officer of the applying organization and that this application is true and accurate to the best of my knowledge. We have read and understood this form and agree to the conditions of approval.

Application should be signed by two authorized representatives of the organization one of which must be a member of the Board of Directors

Signature: _____ Date: _____

Signature: _____ Date: _____

Submitting Your Application.

Please make sure you have completed all information required including the attachments. Applications may be submitted in full by any of the following methods:

Mail: Mail/Courier:

Diversity & Inclusion/ANSAIO – Anti-Black Racism Grant Program
301A – 1949 Upper Water Street Purdy's Landing Halifax, Nova Scotia, B3J 3N3

By email

Applications can be emailed to ANSAIO@halifax.ca. A fillable application is available on the Anti-Black Racism Grants Program website or by request. Please ensure you receive confirmation of receipt.

IMPORTANT

Please ensure you have completed all information required.

Please ensure you receive confirmation of receipt within two weeks. If not, please contact staff.

If applicable, your non-profit has submitted a required final report from a previous grant