Communities, Culture and Heritage (CCH)

Nova Scotia Archives

Provincial Archival Development Program (PADP)



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| **PADP Project Funding Application 2020/21** |  | Application ID for internal use only |
| **A. Applicant Information:** |  |  |
| 1. Name of Applicant | 2. Name of Provincial Riding |
| 3. Street Address/PO Box | 4. Community | 5. Postal Code |
| 6. Mailing Address (if different from above) | 7. Community | 8. Postal Code |
| 9. Name of Contact for Project | 10. Title/Position |
| 11. Telephone | 12. Fax |
| 13. E-mail | 14. Website URL |
| 15. Type of Archives or Organization (check only one)❑ Provincial (CNSA only) ❑ Thematic❑ University/School ❑ Genealogical❑ Municipal ❑ Museum❑ Church/Religious | 16. Number of StaffFull Time Paid Employees Part Time Paid Employees Volunteers  |
|  | 17. Governing Authority/Sponsor Organization |
| 18. Note briefly the vision/mission statement or mandate of your archives or organization. |
| 19. Note briefly the main clients/users of your archives or organization. |
| **B. Affirmation** |
| * I confirm that the information in this application is accurate and complete and the project proposal, including activities and budgets, are fairly presented.
* I agree that if funding is provided, any substantive change in the project proposed will require prior written approval of Nova Scotia Archives.
* In accordance with the terms of the funding agreement I agree to publicly acknowledge financial assistance from CCH Nova Scotia Archives under the PADP, and to submit a final project report before 30 April 2021.
* I understand that the information provided in the application maybe accessible under the provincial *FOIPOP Act*.

Authorized Signature (person authorized to commit the resources of the applicant).

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Authorized Signature Name & Title (please print) Date |

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| **C. Eligibility** | **D. Funding Summary**  |
| 20. Is your archives or organization an eligible applicant? ❑ Yes ❑ No21. Does your project have eligible partner(s)?❑ Yes ❑ NoIf yes, list name(s) of eligible partner(s):   22. Have you attended the 2019/20 PADP applicant training session? ❑ Yes ❑ No | 23. PADP project funds requested $ 24. Contribution of Applicant $ 25. Contribution of Partner(s) $ 26. Contribution of Others $ 27. Total Cost of Project $  |
| 28. Have you applied for funding of this project from other sources?❑ No ❑ Yes (specify)   29. If your application is successful, cheque/deposit should be made payable to    |
| **E. Project Information** |
| 30. Project Title |
| 31. Proposed Start Date | 32. Projected Completion Date |
| 33. Primary Objective of Project (check only one Primary Objective)❑ 1. Increase the number of descriptive record sin Memory NS; increasing professionalism, expertise and skills. i. Increase the number of descriptive records I Memory NS created by or about Mi’kmaq, Acadians, African Nova Scotians, Gaels and under-represented ethno-cultural groups. ❑ 2. Increase and improve preservation management, including preventive conservation measures to preserve Nova Scotians archival heritage; increasing professionalism, expertise and skills. ❑ 3. Promote and increase public awareness, appreciation and use of Nova Scotia’s archival heritage and its relevance and value to society; increasing professionalism, expertise and skills. ❑ 4. Increase the capacity of CNSA to undertake strategic and development initiatives and projects that are provincial in scope to strengthen and improve the archival system and network in Nova Scotia.  |
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| **E. Project Information continued** |
| 34. Describe briefly the purpose of the project, its target audience, its significance, value and benefits, and in doing so highlight how and to what extent the project will contribute to achieving or assist in advancing the designated PADP Primary Objective that you selected in Section E. 33. |
| Highlight how and to what extent the project will contribute to accomplishing or assist in advancing the overall objectives of PADP. |
| 35. Project Description should include 3 major project components and they are:1. A concise description of project activities to be undertaken. This information should take the form of a project schedule or a sequential action plan indicating what is to be done, why, by whom, when and for how long.
2. A succinct description of the involvement of eligible project partners (if any). Depending on the number and complexity of partnerships, you could integrate or incorporate their collaborative work or contribution to the project into the schedule or action plan referred to in a), or describe them separately, provided you indicate who the partners are, what they will be doing/contributing, why, when and for how long.
3. A summary of the anticipated outputs, products or results to be generated by the project. It is important to include as much quantification as possible at this stage to facilitate measuring project outcomes in the project final report.
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| **E. Project Information continued** |
| 35. Project Description (if necessary continue on an additional page to adequately describe the project). |

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| **E. Project Information continued** |
| 36. Name of Project Manager (only if different from Contact Person and known at time of applying) |
| 37. Telephone | 38. E-mail |
| 39. Outline Project Manager’s qualifications including relevant knowledge, experience, skills, abilities and competencies to supervise the project. If a project manager has not been identified complete this section on the basis of the range of qualifications the project manager will have to possess. |
| **F. Financial Information** |
| 40. Project Budget: Expense Details by Category (C means cash, I means In-kind Contribution) |
| a) Salaries & Benefits of Existing Staff Involved in Project |
| Name/Position | Role/Activities | Time Involved | Rate | Total | C / I |
|  |  |  | @ |  |  | I |
|  |  |  | @ |  |  | I |
|  |  |  | @ |  |  | I |
| Total Salaries & Benefits of Existing Staff Involved in Project |  | I |
|  |
| b) Wages & Benefits of Project Staff |
| Name/Position | Role/Activities | Time Involved | Rate | Total | C / I |
|  |  |  | @ |  |  |  |
|  |  |  | @ |  |  |  |
|  |  |  | @ |  |  |  |
| Total Wages & Benefits of Project Staff |  |  |
|  |
| c) Volunteer(s) Involved in Project |
| Name | Role/Activities | Time Involved | Rate | Total | C / I |
|  |  |  | @ |  |  | I |
|  |  |  | @ |  |  | I |
|  |  |  | @ |  |  | I |
| Total Volunteers Involved in Project |  | I |

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| **F. Financial Information continued** |
| 40. Project Budget: Expense Details by Category (C means cash, I means In-kind contribution) |
| d) Fees & Services for Project Activities |
| What and Why | Other Details | Total | C / I |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Fees & Services for Project |  |  |
| e) Travel & Meeting Expenses for Project |
| From/To & Purpose | No. of People | Travel Days | TransportationExpenses | AccommodationExpenses | Total | C / I |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Travel & Meeting Expenses for Project |  |  |
| f) Purchase of Consumable Supplies & Materials for Project |
| Item & Vendor | Quantity | Cost Per Unit | Other Details | Total | C / I |
|  |  | @ |  |  |  |  |
|  |  | @ |  |  |  |  |
|  |  | @ |  |  |  |  |
| Total Purchase of Consumable Supplies & Material for Project |  |  |
| g) Purchase or Rental of Equipment (up to $5,000 in PADP funds) |
| Item & Vendor | Quantity | Cost Per Unit | Other Details | Total | C / I |
|  |  | @ |  |  |  |  |
|  |  | @ |  |  |  |  |
|  |  | @ |  |  |  |  |
| Total Purchase or Rental of Equipment |  |  |
| h) Archival Facility Repair, Upgrade or Renovation Expenses (up to $5,000 in PADP funds) |
| What and Why | Other Details | Total | C / I |
|  |  |  |  |
|  |  |  |  |
| Total Existing Archival Facility Repair, Upgrade or Renovation |  |  |
| i) Marketing, Promotion and Communication Expenses |
| Item/Activity & Supplier | Quantity | Cost Per Unit | Other Details | Total | C/I |
|  |  | @ |  |  |  |  |
|  |  | @ |  |  |  |  |
| Total Marketing, Promotion and Communication Expenses |  |  |

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| **F. Financial Information cont’d.** |
| 40. Project Budget: Expense Details by Category (C means cash, I means In-kind Contribution) |
| j) Project Administration and Management Costs (up to 5% of PADP funds requested and up to 15% of total contributions from applicant and partner(s) if applicable). |
| Item/Activity | Other Details | Total | C / I |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Project Administration and Management Costs |  |  |
| k) Other Project Costs: Specify |
| Item/Activity | Other Details | Total | C / I |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Other Project Costs |  |  |
| 41. Total Project Budget by Expense Categories |
| Expense/Cost Categories | PADP Funding | Applicant’s Contribution | Contribution of Partner(s) | Total Cash + In-kind |
| Cash | In-kind | Cash | In-kind |
| a) Salaries & Benefits of Existing Staff Involved in Project |  |  |  |  |  |  |
| b) Wages & Benefits of Project Staff |  |  |  |  |  |  |
| c) Volunteers Involved in Project |  |  |  |  |  |  |
| d) Fees & Services for Project Activities |  |  |  |  |  |  |
| e) Travel & Meeting Expenses |  |  |  |  |  |  |
| f) Purchase of Consumable Supplies… |  |  |  |  |  |  |
| g) Purchase or Rental of Equipment |  |  |  |  |  |  |
| h) Archival Facility Repair, Upgrade or Renovation |  |  |  |  |  |  |
| i) Marketing, Promotion & Communication |  |  |  |  |  |  |
| j) Project Administration & Management |  |  |  |  |  |  |
| k) Other Project Costs |  |  |  |  |  |  |
| **Total Project Expenses** | **Total PADP Funding**Requested$  | **Total Cash Contribution from Applicant**$  | **Total In-kind Contribution from Applicant**$  | **Total Cash Contribution from Partner(s)**$  | **Total In-kind Contribution from Partner(s)**$  | **Total Project Expenses Cash +** **In-kind**$  |

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| **F. Financial Information continued** |
| 42. Total Project Budget by Source of Income |
| Source of Income | Cash | In-kind | Total Cash + In-kind |
| PADP Project Funding Contribution |  |  |  |
| Applicant’s Contribution |  |  |  |
| Partner’s ContributionSpecify Name of Partner: |  |  |  |
| Specify Name of Partner |  |  |  |
| Specify Name of Partner |  |  |  |
| Specify Name of Partner |  |  |  |
| **Total Project Budget Income** |  |  |  |
| 43. PADP Project Paymentsa) Total PADP Project Funds Requested $ b) Primary Payment of PADP Project Funds in July 2020 $ c) 10% Holdback in PADP Project Funds $  |
| **G. Application Checklist** |
| 44. Please check to confirm compliance with each of the following:❑ Please thoroughly review Guidelines before completing application.❑ Documentation confirming partner’s commitment to project and the extent of contribution/involvement is attached to the Application.❑ Application submitted single sided, paper clipped and not stapled❑ All Parts of the Application including Applicant Information, Eligibility, Funding Summary, Project Information and Financial Information have been fully completed.❑ The person authorized to commit the resources of the applicant has signed under Affirmation. |