**Provincial Archival Development Program (PADP)**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PADP Final Report for 2025/26** | | |  | **PADP Project number** | | | |
| **A. Summary Information:** | | |  | |  | | |
| 1. Name of Applicant | | | 2. Project Title | | | | |
| 3. Proposed Start Date | | | 4. Actual Start Date | | | | |
| 5. Projected Completion Date | | | 6. Actual Completion Date | | | | |
| 7. Primary Objectives of Project | | | 8. Number of Project Hours  a) Existing Staff hours  b) Project Staff hours  c) Volunteers hours  Total hours | | | | |
| 9. Secondary Objective(s) of Project | | |  | | | | |
| 10. Name(s) of Eligible Project Partner(s) | | | 11. Name(s) of Actual Project Partner(s) | | | | |
| 12. If No. 11 is different from No. 10 please explain: | | | | | | | |
| **B. Financial Information** | | | | | | | |
| 13. PADP Project Funds Requested  $ | | | 14. Actual Total PADP Project Funds Expended  $ | | | | |
| 15. If No. 14 is less than No. 13 please explain why and return the unexpended portion to Public Archives of Nova Scotia. | | | | | | | |
| 16. Cash Contribution of Applicant  $ | | | 17. Actual Cash Contribution of Applicant  $ | | | | |
| 18. If No. 17 is less than No.16 please explain the difference. | | | | | | | |

# SNS – Nova Scotia Archives

# PADP Final Report 2025/26 PADP Project number: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Financial Information continued** | | | | |
| 19. Inkind Contribution of Applicant  $ | | | 20. Actual Inkind Contribution of Applicant  $ | |
| 21. If No. 20 is more or less than No. 19 please explain the difference. | | | | |
| 22. Cash Contribution of Partner(s)  $ | | | 23. Actual Cash Contribution of Partner(s)  $ | |
| 24. If No. 23 is more or less than No. 22 please explain the difference. | | | | |
| 25. Inkind Contribution of Partner(s)  $ | | | 26. Actual Inkind Contribution of Partner(s)  $ | |
| 27. If No. 26 is more or less than No. 25 please explain the difference. | | | | |
| 28. Total Cash + Inkind Project Expenses  $ | | | 29. Actual Total Cash + Inkind Project Expenses  $ | |
| 30. Explain briefly any changes of more than 10% over or under projected expenditure that occurred in any of the specific expense categories in No. 13 a) to k) in the Application. | | | | |
| **C. Results** | | | | |
| 31. How and what did this project contribute to achieving or assist in advancing the designated PAPD Primary Objective? In terms of what was accomplished please provide as much specific quantifiable information as possible. | | | | |
| 32. Did the Project accomplish everything that was proposed/stated in the Application? □yes □no  If no, please explain. | | | | |

# SNS – Nova Scotia Archives

# PADP Final Report 2025/26 PADP Project number: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **C. Results continued** | |
| 33. Did the Project accomplish more that was proposed/stated in the Application? □yes □no  If yes, please explain. | |
| 34. How and what did the project contribute to achieving or assist in advancing any designated PAPD Secondary Objective(s)? In terms of what was accomplished please provide as much specific quantifiable information as possible. | |
| **D. Marketing and Promotion Information** | |
| 35. Please highlight any marketing and promotional initiatives or activities undertaken for the project or product produced: | |
| **E. Affirmation** | |
| * I herby confirm that PADP funds have been expended in the cost/expense categories specified in the project Application. * I herby verify that all cash and inkind contributions regardless of source were expended in accordance with the budget presented in the project Application. * I herby certify that I have verified that the information in this report is true, complete and correct in all respects * I understand that the information provided in this report maybe accessible under the provincial *FOIPOP Act*.   Authorized Signature (person authorized to commit the resources of the applicant).   |  |  |  | | --- | --- | --- | |  |  |  |   Authorized Signature Name & Title (please print) Date | |
| **F. NSARM USE ONLY** | |
| The Final Report is Accepted   |  |  | | --- | --- | |  |  |   Director/Provincial Archivist Date | |