

TRAILS PROJECT DETAILS



Please check which program(s) for consideration

OHVIF	RTE		BOTH		
ORGANZATION INFORMATION					
Organization:			Date:		
Organization Mailing Address (inc	lude postal code):				
Project Title:					
Troject Hae.					
Trail Name (or Route where applic	cable):				
Coordinates (Trail Head):	Northing:	!	Easting:		
Organization Contact 1 Name:		Organization Contact 2 Name:			
Title:	Title				
Title.	Tille:	Title:			
Phone:		Phone:			
Email:		Email:			
PROJECT OVERVIEW Project Description:					
Provide a detailed description of t					
taken to complete the project, etc	.). Please attach a	separate docum	ent if more space is required.		

Project Impact: How will this project positively impact the trail and/or trail community?					
BUDGET SUMMARY – Estimated	Project Value Summary				
Item	Description	Cost			
Estimated Project Value		\$			

Applicant Contribution	Details
Cash Available for Project	
Donated Material	
Donated Labour	
Donated Equipment	

Applicant Contributions

Other Source of Funding - please provide other funding program(s) being considered,					
do not include OHVIF and RTE.					
Plan to apply	Application Submitted	Funding Approved	Agency	Program/Comments	
✓ Check the box that applies					
			Federal		
			Provincial		
			Municipal		
			Trans Canada Trail (TCT)		
			Atlantic Canada Opportunities Agency (ACOA)		
			Other (specify)		
			Other (specify)		
Estima	ted start dat	e of the pro	oject:	Estimated end date of the project:	

We acknowledge that this information may be shared with CCTH, OHVIF and other funding partners.

Deadline for Expression of Interest Submission for the 2025-26 fiscal year is 11:59 pm, November 1, 2024. Submit your complete EOI to one of these addresses

ccthtrailgrants@novascotia.ca or ohvif.application@novascotia.ca