



FUNDING APPLICATION GENERAL INFORMATION

Instructions

Please complete parts A and B, then sign and date the form in part C
Include information outlined in the attached project or program schedule, as required.

PART A APPLICANT INFORMATION			
ORGANIZATION			
Name in Full			Previous Name of Organization
Has your organization ever applied to this Federal Department for funding? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ Specify : _____			
Scope of Organization's Activities ➔ <input type="checkbox"/> Local <input type="checkbox"/> Municipal <input type="checkbox"/> Provincial <input type="checkbox"/> Territorial <input type="checkbox"/> National			
LEGAL STATUS			
Incorporated? ➔ <input type="checkbox"/> Yes <input type="checkbox"/> Federal <input type="checkbox"/> Provincial / Territorial		In Process <input type="checkbox"/> Yes	
Applied _____ <input type="checkbox"/> No		Corporate Registration No. _____ ➔ Date	
Registered with Revenue Canada as a charitable organization? ➔ <input type="checkbox"/> Yes		In Process <input type="checkbox"/> Yes	
Applied _____ <input type="checkbox"/> No		Registration No. _____ ➔ Date	
INDIVIDUAL			
Name			Canadian Citizen or Permanent Resident / Landed Immigrant
Contact Person's Name : <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		Title	
Street Address :		Mailing Address (if different) :	
Office Tel. No. ()	Office Fax No. ()	E-Mail	Web Site http://
In which official language do you wish to communicate? <input type="checkbox"/> English <input type="checkbox"/> French			
OFFICE USE ONLY	Date Received	Program Officer	
PART C - AFFIRMATION			
I AFFIRM THAT the information in this application is accurate and complete, and the project proposal, including plans and budgets are fairly represented. I agree that once funding is provided, any change to the project proposal will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the funding agreement. I also agree to submit a final report, and when required, financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the <i>Access to Information Act</i> . I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.			
SIGNING AUTHORITY			
Authorized Signature	Name and Title (please print)	Date	

Please read the section "PREPARING YOUR PROJECT APPLICATION" of the MAP Guidelines before completing.

A) SALARIES AND WAGES			
NAME/TITLE	TIME PERIOD	RATE/YR.	SALARY
		Total	

B) CONSULTANT FEES			
NAME/TITLE	TIME PERIOD	RATE/DAY	COST
		Total	

C) TRAVEL					
FROM /TO	NUMBER OF PERSONS	TRAVEL DAYS	PER DIEM	TRAVEL COSTS	AMOUNT
				Total	

DETAILED BUDGET (cont'd.)

D) SUPPLIES AND MATERIALS				
ITEM	QUANTITY	COST/UNIT	SUB TOTAL	AMOUNT
	@			
	@			
	@			
	@			
	@			
	@			
	@			
			Total	

E) MINOR CAPITAL AND EQUIPMENT				
ITEM	QUANTITY	COST/UNIT	SUB TOTAL	AMOUNT
	@			
	@			
	@			
	@			
	@			
	@			
	@			
			Total	

F) OTHER COSTS				
ITEM	QUANTITY	COST/UNIT	SUB TOTAL	AMOUNT
	@			
	@			
	@			
	@			
	@			
	@			
	@			
	@			
	@			
			Total	

BUDGET SUMMARY

Please complete the Budget Detail sheets, and transfer the totals to the expenditures section below. Report the forecast project revenues by indicating the revenue sources, and enter the amount under the appropriate column -Pending or Confirmed.

BUDGET SUMMARY			
MONETARY REVENUES	PENDING	CONFIRMED	% TOTAL
Non-Government			
Applicant			
Fund raising			
Revenue generation			
Other (specify)			
Other (specify)			
Government			
Federal (other than MAP)			
Provincial			
Municipal			
Other (specify)			
Other (specify)			
Museums Assistance Program			
Total Revenues			100%

BUDGET SUMMARY		
DIRECT EXPENDITURES		% TOTAL
A) Salaries and Wages		
B) Consultant Fees		
C) Travel		
D) Supplies and Materials		
E) Minor Capital and Equipment		
F) Other Costs		
Total Expenditures:		100%

**EXHIBITION CIRCULATION FUND -MUSEUMS ASSISTANCE PROGRAM
BUDGET SUMMARY**

Instructions to applicants for support under the terms of the Exhibition Circulation Fund, Access and National Outreach Component

Please complete this sheet in lieu of the details requested on the preceding budget pages and attach this summary to your application (Pages 1 and 2). n.b. some direct costs may not be eligible if the source for this exhibition received previous financial assistance in support of the circulation itinerary.

PROJECT SUMMARY AND EXPENSE FORECAST		
TITLE OF TRAVELLING EXHIBITION		
SOURCE FOR THIS EXHIBITION (MUSEUM NAME AND PROVINCE)	Museum	Prov
FORECAST DATES FOR PUBLIC PRESENTATION	From	To
ANNUAL OPERATING BUDGET OF YOUR ORGANIZATION (MUST BE ≤\$1,000,000/YR TO QUALIFY)	\$ /yr	
HAVE YOU ALREADY RECEIVED SUPPORT UNDER THIS OPTION WITHIN THIS FISCAL YEAR?	Yes / No	
DIRECT EXPENSES RELATED TO THE RECEIPT OF THIS EXHIBITION	FORECAST	% OF TOTAL
Borrower' fees		
Rental Fees		
Transportation Costs		
Packing		
Professional Services		
Supplies and Equipment		
Other (specify)		
		Total Expenses
Total requested from MAP (50%of total, to a maximum of \$5,000)		