



## MUSEUMS ASSISTANCE PROGRAM (MAP)

### Application Form 2008-2009

**IMPORTANT:** To complete this form electronically, please enter data in shaded areas. You may also print the form and complete Sections A and B manually and attach a separate hard copy of your answers to Sections C and D. This **Application Form**, the **Project Budget Form**, and the **Application Checklist** are integral parts of the application: the three documents must be completed, signed, and submitted with the supporting documents listed in the Application checklist.

#### A. Applicant Identification (please print)

##### Applicant Information

Full Legal Name of Organization (as per incorporation documents)

Usual Operating Name

Former Legal Name (as per incorporation documents), if applicable

##### LEGAL STATUS

###### Incorporated as a non-profit organization

Yes       Federal       No       In process  
 Provincial/Territorial      Date applied \_\_\_\_\_

Date of registration \_\_\_\_\_ Corporate registration No. \_\_\_\_\_

Official Incorporated Name (Governing Authority) \_\_\_\_\_

###### Registered with Canada Revenue Agency as a charitable organization

Yes      Registration No. \_\_\_\_\_       No       In process  
 Date of registration \_\_\_\_\_      Date applied \_\_\_\_\_

##### Scope of organization's activities

Local       Provincial/Territorial       National  
 Municipal       Regional       International

##### Applicant Address

Street      City      Province/Territory      Postal code

Mailing Address (if different)

Street      City      Province/Territory      Postal code      P.O. Box

Telephone      Ext.      Fax      E-mail      Web site  
 (    )      (    )      @

##### Project Contact Information

Contact Person      Title

Mailing Address (if different than above)

Street      City      Province/Territory      Postal code      P.O. Box

Telephone      Ext.      Cellular Telephone No.      Fax      E-mail  
 (    )      (    )      (    )      @

##### Official Language of Choice

In which official language do you wish to communicate?       English       French

## Summary Organization Information

Type of organization

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Museum (specify)      | <input type="checkbox"/> Heritage Service Organization<br>(national/provincial/territorial)     | <input type="checkbox"/> Municipal Government              |
| <input type="checkbox"/> History               | <input type="checkbox"/> Heritage Service Organization<br>(professional/sectoral)               | <input type="checkbox"/> Regional Authority                |
| <input type="checkbox"/> Science & Technology  | <input type="checkbox"/> Aboriginal Organization / Aboriginal<br>Governing Body (specify) _____ | <input type="checkbox"/> Provincial/Territorial Government |
| <input type="checkbox"/> Art                   |   | <input type="checkbox"/> University                        |
| <input type="checkbox"/> Nature                |   | <input type="checkbox"/> Archives                          |
| <input type="checkbox"/> Aboriginal Heritage   |   | <input type="checkbox"/> Other (specify) _____             |
| <input type="checkbox"/> Other (specify) _____ |   |  |

Number of Staff

Full Time Paid \_\_\_\_\_  
Part Time Paid \_\_\_\_\_  
Full Time Unpaid \_\_\_\_\_  
Part Time Unpaid \_\_\_\_\_

Attendance

Number of visitors per year \_\_\_\_\_  
Number of external users per year \_\_\_\_\_  
(e.g., through electronic outreach, extension  
services and activities, outreach programs, etc.)

Fiscal Year of the Organization

\_\_\_\_\_ to \_\_\_\_\_

## B. Project Summary

MAP component selected (check one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Heritage          | <input type="checkbox"/> Organizational Development   |
| <input type="checkbox"/> Exhibition Circulation Fund | <input type="checkbox"/> Aboriginal Heritage  |
|  | <input type="checkbox"/> Canada-France Agreement (CFA)<br><i>(Please use specific form to submit an application to CFA)</i> |

Project Title

Brief Project Description

*(If your application is successful, this information may be used on the Department's Web site.)*

Do you plan more than one year to complete this project?

- No  
 Yes (specify anticipated number of years) \_\_\_\_\_

Project Start Date

Project End Date

Total Cost of the Project

Total Funding Amount Requested

Have you applied for funding of this project from other federal  
Departments?

- No  
 Yes (Please provide details in Project Budget Form)

 **Reminder: The Project Budget Form is an integral part of the application form and must be completed.**

Project Manager

_____	@	( )		_____
Name	E-mail	Phone number		Ext.

## C. Detailed Project Description

- ☞ The questions below are listed in the same order as the program's assessment criteria (see **Guidelines, page 14**).
- ☞ For some of the answers, if additional information is contained in an annexed document, please indicate the document title and the page in the appropriate answer box.
- ☞ **IMPORTANT:** The **documents to be annexed** to the application are listed in the application checklist of the selected component.
- ☞ We ask that you limit your responses to approximately **6 pages** for all of Section C (legal size with a minimum font of 11).

### 1. Project Objectives

Please clearly demonstrate how your project meets at least one of the Museum's Assistance Program's goals as well as the objectives of the selected component (see **MAP Guidelines, page 4**). Also describe anticipated project results in relation to the proposed project objectives, both for your organization and for your target audience(s).

### 2. Relevance of Project

Explain why you need to undertake this project, describing how it is linked to the mandate and plans of your organization. This includes the root of the need to undertake this activity, i.e. demonstrated internal or external gap, other projects leading to the current application, etc. Identify the target audience(s) and key project activities. Please note that the assessment of the application will also take into account the originality of the proposed project's elements.

### 3. Project Resources Management

Indicate what human and material resources will be allocated to your project. Identify the role, responsibilities or project-related tasks of all participants, including staff and outside consultant(s). Also clearly justify the number of participants needed to complete the project. Document their experience and expertise in relation to the project.

*Documents to be annexed:* Competencies profiles of project participants (for all components except Exhibition Circulation Fund), and other documents related to the project such as specified in appropriate checklist, such as proposals, signed agreements, letters of intent or confirmation, list of exhibition content, etc.

#### 4. Project Planning

Outline the main steps of the project implementation, including key milestones, and indicate how you will manage it. Justify the budget appropriateness (e.g. funding source(s) background, cost-effectiveness, value of outcomes in relation to project costs).

*Documents to be annexed:* Project timeline, status report on previous phase of same project (if applicable), project budget form, confirmation of other sources of funding (if applicable).

#### 5. Partnerships

Where applicable, describe the nature and the level of participation of project partners. Also explain how your project benefits other members of the community or develops new partners for initiatives in, for example, shared administration, marketing or programming.




*Documents to be annexed:* Partnership agreement(s) if applicable.

#### 6. Project Evaluation Strategy

Provide the main lines of the evaluation strategy you plan to have for your project.

*Documents to be annexed :* Detailed outline of project evaluation strategy (which includes performance measures and project outcomes). To help prepare this document, please refer to **Annex 1** of the MAP Guidelines, p. 19).

### D. Organizational Profile

-  For some of the answers, if additional information is contained in an annexed document, please indicate the document title and at the page in the appropriate answer box.
-  **IMPORTANT:** The **documents to be annexed** to the application are listed in the application checklist specific to the component you have selected.
-  We ask that you limit your responses to approximately **6 pages** for this section (legal size with a minimum font of 11).

1. State your organization's vision statement and mandate.

2. Briefly describe your organization's history and highlight its more recent achievements (within the last 5 years).

*Documents to be annexed* : Annual Report and other relevant corporate documents if available.

3. Describe the organization's success to date in achieving the objectives identified in its current strategic or business plan. Specify the role your organization plays in the heritage and broader community.

*Documents to be annexed* : Three to five-year strategic/business plan (for all components except Organizational Development).

4. List your organization's key museological activities and/or services, key clientele and key community partnerships, and describe your more recent accomplishments related to these.

*Documents to be annexed* : List of institutional policies and where applicable, copies of institutional policies related to key museological functions.

5. Describe your organizational structure as well as the role of the Board (or Governing Body), Board committees and staff.

*Documents to be annexed* : Evidence of current incorporation (for first time applicants), organizational chart, and list of current Board members (or equivalent).

6. Demonstrate your organization's financial stability using data from past and forecasted financial statements, or other relevant documents.

*Documents to be annexed* : Completed financial statements of operations for the last two years, approved and signed, and for requests over \$50,000, last two years Audited Financial Statements.

7. If your organization operates within, or provides services to communities that the Department recognizes as a priority, please check appropriate boxes.

Aboriginal

Ethnocultural

Official Language Minority

Rural or remote

Youth

## E. Declaration

**I affirm that** the information in this application is accurate and complete, and that the project proposal, including annexes, plans and budgets, is fairly presented. I agree that if funding is provided, any change to the project proposal will require prior approval from the Department. I agree to publicly acknowledge funding and assistance provided by the Department, in accordance with the terms of the funding agreement. I also agree to submit the requested interim and/or final reports, and where required, financial accounting for audit or evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.

### Authorized Signature

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_

**Name and Title (please print)**

\_\_\_\_\_

**Date**

OFFICE USE ONLY

DATE RECEIVED →

PROGRAM OFFICER →