



**MUSEUMS ASSISTANCE PROGRAM (MAP)
Canada-France Agreement
Application Form 2008-2009**

IMPORTANT: To complete this form electronically, please enter data in shaded areas. You may also print the form, 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				
<input type="checkbox"/> Yes	<input type="checkbox"/> Federal	<input type="checkbox"/> No	<input type="checkbox"/> In process	
	<input type="checkbox"/> Provincial/Territorial		Date applied _____	
Date of registration _____		Corporate registration No. _____		
Official Incorporated Name (Governing Authority) _____				
Registered with Canada Revenue Agency as a charitable organization				
<input type="checkbox"/> Yes	Date of registration _____		<input type="checkbox"/> No	<input type="checkbox"/> In process
	Registration No. _____			Date applied _____
Scope of organization's activities				
<input type="checkbox"/> Local	<input type="checkbox"/> Provincial/Territorial	<input type="checkbox"/> National		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Regional	<input type="checkbox"/> 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? <input type="checkbox"/> English <input type="checkbox"/> French				

Summary Organization Information

Type of organization

- | | | |
|--|---|--|
| <input type="checkbox"/> Museum (specify) | <input type="checkbox"/> Heritage Service Organization
(national/provincial/territorial) | <input type="checkbox"/> Municipal Government |
| <input type="checkbox"/> History | <input type="checkbox"/> Heritage Service Organization
(professional/sectoral) | <input type="checkbox"/> Regional Authority |
| <input type="checkbox"/> Science & Technology | <input type="checkbox"/> Aboriginal Organization / Governing
Aboriginal 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

Attendance

Fiscal Year of the Organization

Full Time Paid _____

Number of visitors per year _____

_____ to _____

Part Time Paid _____

Number of external users per year _____

Full Time Unpaid _____

(e.g., through electronic outreach, extension
services and activities, outreach programs, etc.)

Part Time Unpaid _____

B. Project Summary

MAP component

- | | |
|--|---|
| <input type="checkbox"/> Access to Heritage | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Exhibition Circulation Fund | <input type="checkbox"/> Aboriginal Heritage |
| | <input checked="" type="checkbox"/> Canada-France Agreement |

Project Title

Brief Project Description: Please Indicate the name of institution(s) you will collaborate with in France, the main goal of the project, and the key activities (if your application is successful, this information may be used on the Department's Web site).

Project Start Date

Project End Date

Total Cost of the Project

Total Funding Amount Requested

 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

- Projects submitted under the Canada-France Agreement (CFA) will be assessed against the criteria of the Museums Assistance Program (MAP). The questions below are listed in the same order as the program's assessment criteria (see **MAP 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 specific to CFA.
- 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. Projects Objectives

Please clearly demonstrate how your project meets at least one of the Museums Assistance Program objectives as well as the objectives of the Canada-France Agreement (see **MAP Guidelines, page 12**). Also describe anticipated project results for your organization, for your French partner(s), for the museum community, and for your target audience(s), in relation to the proposed project objectives.

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 need, other projects leading to the current application, etc. Demonstrate how collaborating with each of the concerned partners is relevant to the project. Identify the target audience(s) and the key project activities. Please note that the assessment of the application will also take into account the originality of the proposed project's elements.

Documents to be annexed : Collaboration Agreement with at least one French museum signed by authorized persons, and letters of support and/or confirmation from participating French and Canadian institutions.

3. Project Resources Management

Indicate what human resources will be allocated to your project, both on the Canadian and the French side (if applicable). Identify the role, responsibilities or project-related tasks of all participants. Also clearly justify the number of participants needed to complete the project, and the length of their stay abroad.

Documents to be annexed : Competencies profiles of all project participants to document their experience and experience in relation to the project.

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. cost-effectiveness, value of outcomes in relation to project costs).

Documents to be annexed : Implementation plan and comprehensive project timeline (including places visited, travel schedule, people met, etc.), project budget form.

5. 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. Detailed 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 CFA.

✍ We ask that you limit your responses to approximately **6 pages** for all of Section D (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 applicable.

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.

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 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.

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

Aboriginal Community

Ethnocultural Group

Official Language Minority Community

Rural or Remote Community

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 REPRESENTATIVE →