Museum Assistance Program - Exhibition Circulation Fund (ECF) Project Budget Form - Detailed Forecasts

2008-2009 Application Cycle

General Information

This **Project Budget Form**, the **Application 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.

Overview

The sub-files you will find under the tabs located at the bottom of this screen correspond to the **budget categories** of an ECF project.

\<u>Tab 1</u>/ Project Expenses \<u>Tab 2</u>/ Project Revenues

Tab 1 - Project Expenses (2 charts)

ECF EXPENSES - **SUMMARY** CHART: In this chart, you are required to itemize the various costs related to the project. On each line, please enter a relevant expense item, and provide the information required in appropriate columns. For small amounts, use a period (.) to separate decimals; for greater amounts, we suggest that you round them up to the nearest dollar.

ECF EXPENSES - **DETAILED DESCRIPTIONS** CHART: The second table is reserved for the descriptions of the expenses/activities posted in the summary chart. For each item, please provide a brief description and, where applicable, indicate if related additional information is annexed to the application.

TOTAL COSTS: Most of the calculations are automated (areas shaded in yellow). The total costs appear in the TOTAL Column and are automatically carried over to the CASH Column. For each line item where a portion of the total cost is provided as an in-kind contribution, **you must enter this amount** into the IN-KIND Column. The cash portion will then be automatically adjusted.

Tab 2 - Project Revenues

ECF **REVENUES**: Please enter all sources of revenue (in-kind and cash). Contributions from the applicant, partners or other private sources must be clearly identified as revenues from non-government sources. All sources of public funds sought or confirmed (names of programs, file numbers, etc.) must be detailed in the Government Sources section. Note that the total amount requested from MAP is automatically recorded.

MAP - Exhibition Circulation Fund (ECF)

Project Budget Form - 2008-2009

1- a) E	xpenses - Summary Chart (e)	cluding catalog	gue and interpretive	material)			
	Item				Amount		
List #	Material Resources	Quantity	Cost per unit	In-kind	Cash	Total	requested from MAP
1					\$-	\$-	
2					\$-	\$-	
3					\$-	\$-	
4					\$-	\$-	
5					\$-	\$-	
6					\$-	\$-	
7					\$-	\$-	
8					\$-	\$-	
9					\$ -	\$ -	
10					\$ -	\$ -	
11					\$ -	\$ -	
12					\$-	\$-	
	Human Resources	# of days	Daily Rate				
13					\$-	\$-	
14					\$-	\$-	
15					\$-	\$-	
16					\$-	\$-	
17					\$-	\$-	
18					\$ -	\$ -	
19					\$ -	\$ -	
20					\$ -	\$ -	
21					\$ -	\$ -	
22					\$ -	\$ -	
23					\$ -	\$ -	
24					\$ -	\$ -	
	Sub-totals and Total ECR	Project Costs	6	\$-	\$-	\$-	\$-

MAP - Exhibition Circulation Fund (ECF)

Project Budget Form - 2008-2009

1- b) E	1- b) Expenses - Detailed Descriptions Table (excluding catalogue and interpretive material)						
List #	ltem						
	Material Resources	Details					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	Human Resources						
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

MAP - Exhibition Circulation Fund (ECF)

Project Budget Form - 2008-2009

2- REVENUES					
	NON-GOVERNMEN	T SOURCES			
Sources	<pre>✓ = Funding confirmed</pre>	In-kind (fair market value)	Cash	Total	
Applicant:				\$-	
Private Sector (specify):				\$- \$-	
				5 -	
				\$-	
Foundations (specify):				\$-	
				\$-	
				\$-	
Others (specify)				\$ -	
				\$- \$-	
				\$ -	
				\$-	
Total Non-Govermental	Revenues	\$-	\$-	\$ -	
	GOVERNMENT S	OURCES			
Sources		 ✓ = Funding confirmed 	Amounts requested	Total	
Museums Assistance Program:		n/a	\$-	\$-	
Other Federal Government Funding (s	specify):		1		
				\$-	
Provincial/Territorial Government (spe	cify):			т	
				\$-	
Regional Authorities (specify):				Ψ	
				1	
				\$-	
Municipal Government (specify):					
				¢	
Others (specify):				\$-	
				7 I	
				1	
				1	
				\$-	
Total Covernm	nental Revenues		\$-	\$-	

Summary of Revenues					
Non-Government Sources	All included			\$	-
Government Sources	MAP only	\$	-		
Government Sources	All Others	\$	-		
Sub-total & Total		\$	-	\$	-

REMINDER: Your budget must balance. Total project revenues **must equal** total project expenses.