Museum Assistance Program 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 a MAP project.

- \Tab 1/ Salaries & Wages
- \Tab 2/ Consultant Fees (excluding all travel costs)
- \Tab 3/ Travel Costs and Details Relative to Travel Costs (two separate charts)
- \<u>Tab 4</u>/ Materials & Supplies
- \Tab 5/ Minor Capital Acquisitions
- \Tab 6/ Catalogue & Interpretive Material
- \Tab 7/ Other Costs
- \<u>Tab 8</u>/ Project Summary of Expenses by Budget Category **and** Detailed Multi-Year Expenses Table (two separate charts)
- \Tab 9/ Total Revenues

Tabs 1 to 7 - Itemized Budget Categories

Based on the categories of expenses/activities, please select the **appropriate tabs**, in order to itemize the various costs related to your project. In each chart, please list all relevant expense items related to this budget category, 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.

TIMETABLES: Please note that for each budget line item, you must select one **fiscal year** or more in the last column. Selection is made from the pull-down menu that only appears once your cursor is placed on the appropriate box.

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.

Tabs 8 and 9 - Summary Charts (Expenses and Revenues)

TOTAL **EXPENSES** (Tab 8): The first table (Project Summary of Expenses) does not require any input, as budget categories totals are automatically reported. However, if you plan more than one year to finalize your project, you must complete the second table manually (Detailed Multi-year Expenses). Total expenses for each category, per fiscal year, must be recorded.

TOTAL **REVENUES** (Tab 9): 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. Where applicable, supporting documents must be provided with your application. Note that the total amount requested from MAP is automatically recorded.

Iaries & Wages (related to the first and Last Names			Time (du	ration)		Tot	al Costs		Amount	Select fiscal
First and Last Names	Position or Main Responsibility	# of months	%	Rate per year	In-kind		Cash	Total	requested from MAP	year(s)
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$-		
						\$	-	\$ -		
						\$	-	\$ -		
						\$	_	\$ -		
						\$	_	\$ -		
						\$	-	\$-		
						\$	-	\$-		
	Sub-totals and Total Salaries & Wages	- 1			\$	- \$	_	\$-	\$-	

In Select Fiscal Year Column, place your cursor on appropriate box and make selection from pull-down list (Federal Fiscal Year: April 1 to March 31).

2- Consultant Fees (excluding trave	el costs)							
First and Last Names	Position or Main Responsibility	Daily Rate	# of days spent on		Total Costs		Amount requested from	Select fiscal
		Daily Nate	project	In-kind	Cash	Total	MAP	year(s)
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$ -		
					\$-	\$-		
					\$-	\$ -		
					\$-	\$ -		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
					\$-	\$-		
S	ub-totals and Total Consultant Fees			\$-	\$-	\$-	\$-	

3- a) Travel Costs											
Destination(s)	# of	Per [Diem	Transportation	Accomo	odation		Total Costs		Amount	Select fiscal
From/To	persons	Daily rate	# of travel days	Cost per person	Rate per night	# of nights	In-kind	Cash	Total	requested from MAP	year(s)
								\$-	\$-		
								\$ -	\$-		
								\$-	\$-		
								\$ -	\$ -		
								\$-	\$-		
								\$-	\$-		
								\$ -	\$-		
								\$ -	\$ -		
								\$ -	\$ -		
								\$ -	\$ -		
								\$ -	\$ -		
	-							<u>\$</u> -	<u>\$</u> -		
	_							<u>\$</u> -	<u>\$</u> -		
								<u>\$</u> -	<u>\$</u> -		
								\$- ¢	\$ -		
								\$- \$-	\$- ¢		
			-						\$- \$-		
								<u>\$</u> - \$-	\$- \$-		
								ъ 	5 -		
Sub-totals and Total	Travel Costs	j	\$-	\$-	\$		\$-	\$ -	\$ -	\$-	

Please provide pertinent information below, identifying the destinations, the purpose of the travels, and who the travellers are.

3- b) Details Relative	to Travel Costs	
Destination	Purpose of travel	Name(s) of traveller(s)

4- Materials & Supplies										
Item	Description	Qu	antity		Tota	al Costs			Amount requested from	Select fiscal
nem	Description	# of units	Cost per unit	In-kind	(Cash		Total	MAP	year(s)
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$ \$	-	\$ \$	-		
					э \$	-	э \$	-		
					\$ \$		φ \$			
					\$	_	\$			
					\$	-	\$	_		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
 					\$	-	\$	-		
					\$	-	\$ \$	-		
					ծ \$	-	ծ \$			
Quł	p-totals and Total Materials and Supplies			\$-	э \$		Ф \$		\$-	

5- Minor Capital Acquisitions										
Item	Description	Qu	antity		Total	Costs			Amount requested from	Select fiscal
nem	Description	# of units	Cost per unit	In-kind	C	ash	Т	otal	MAP	year(s)
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
Sub-	totals and Total Minor Capital Acquisitions			\$-	\$	-	\$	-	\$-	

6- Catalogue & Interpretive Ma	iterial									
Item	Description	Quantity		C	ost			Total	Amount requested from	Select fiscal
		# of units	Cost per unit	In-kind		Cash		lotai	MAP	year(s)
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$	-	\$	-		
					\$ \$	-	\$	-		
					ֆ \$	-	\$	-		
					ֆ \$	-	\$	-		
					ֆ \$	-	\$ \$	-		
<u> </u>					ъ \$	-	э \$	-		
					э \$		э \$			
					э \$		э \$	-		
Sub total	and Total Catalogue & Interpretative Materi			\$-	э \$		э \$		¢	
Sub-total	s and Total Catalogue & Interpretative Materi	Idi		- Ф	Ф	-	φ	-	\$-	

7- Other Costs								
ltem	Description	Qu	antity		Cost		Amount requested from	Select fiscal
nem	Description	# of units	Cost per unit	In-kind	Cash	Total	MAP	year(s)
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -	•	
	Sub-totals and Total Other Costs			\$-	\$ -	\$ -	\$-	

8- a) Project Summary of Expenses by B	udget Category			
Categories	In-kind	Cash	Total	Amounts requested from MAP
Salaries and Wages (related to the project)	<mark>\$</mark> -	\$-	\$-	\$-
Consultant Fees (excluding travel costs)	<mark>\$</mark> -	\$-	\$-	\$-
Travel Costs	<mark>\$</mark> -	\$-	\$-	\$-
Materials and Supplies	<mark>\$</mark> -	\$-	\$-	\$-
Minor Capital Acquisitions	<mark>\$</mark> -	\$-	\$-	\$-
Catalogue & Interpretive Material	<mark>\$</mark> -	\$-	\$-	\$-
Other Costs	<mark>\$</mark> -	\$-	\$-	\$-
Sub-totals and Total Expenses	\$ -	\$-	\$-	\$-

8- b) Detailed Multi-year Expenses Table (complete only if your project is planned over more than one year)

Cotogorios		Other S	Sources		Museums Assistance Program						
Categories	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Total	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Total	1		
Salaries and Wages (related to the project)				\$-				\$	•		
Consultant Fees (excluding all travel costs)				\$-				\$	·		
Travel Costs				\$-				\$	·		
Materials and Supplies				\$-				\$	·		
Minor Capital Acquisitions				\$-				\$	·		
Catalogue & Interpreative Material				\$-				\$	·		
Other Costs				\$-				\$	·		
Sub-totals and Total Expenses	\$ -	\$-	\$-	\$-	\$-	\$-	\$-	\$			
Grand Total								\$			

Federal Fiscal Year: April 1 to March 31.

9- REVENUES				
NON-	GOVERNMEN	T SOURCES		
Sources	✓ = Funding confirmed	In-kind (fair market value)	Cash	Total
Applicant:				\$-
				\$ -
Private Sector (specify):				\$-
				\$ -
Foundations (specify):				\$- \$-
i ouridations (specify).				} -
				\$-
Others (specify):				\$ -
				\$-
				\$-
				\$ -
Total Non-Government Rever		¢	*	\$-
			\$-	\$-
GC	OVERNMENT S	OURCES		
Sources		✓ = Funding confirmed	Amounts requested	Total
Museums Assistance Program:		n/a	\$-	\$-
Other federal government funding (specify)	:			
				\$-
Provincial/Territorial Government (specify):				
				•
Designed Authorities (or easify):				<mark>\$ -</mark>
Regional Authorities (specify):				<mark>\$-</mark>
Regional Authorities (specify):				
				\$ - \$ -
Regional Authorities (specify): Municipal Government (specify):				
				\$ -
Municipal Government (specify):				\$ -
Municipal Government (specify):				\$ -
Municipal Government (specify):				\$
Municipal Government (specify): Others (specify):				\$ - \$ -
Municipal Government (specify):	Revenues			\$

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

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