

Culture, Tourism and the Centre for Education Statistics

Survey of Heritage Institutions, 2002

Signature

(Including museums, art galleries, archives, historic sites, nature parks, aquariums, zoos, planetariums and other related institutions)

Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under this Act.

2003, planetaniams and other related institutions/		Please make one copy for your
		records.
		Français au verso.
	Cor	rect mailing address label if necessary. (PLEASE PRINT)
		Official name of institution
	M001	
	M002	Popular name of institution
	H	Street
	M005	City
	M006	City
	M007	Province Postal Code Moos
INFORMATION FOR RESPONDENTS	S – P	lease read carefully
Survey Objective - The objective of this survey is to collect information. The purpose of these institutions and parks is to acquire, preserve, st instruction and enjoyment, objects, specimens, documents, building including artistic, scientific, historical, natural and technological materiameet the requirements set forth above, excluding those which ope profit-making endeavours.	tudy, gs, ai al. Th rate p	interpret, and make acdessible to the public, for its and land areas of educational and cultural value, nis survey will cover all institutions and parks which primarily for the sale of objects exhibited or as
The list of institutions being surveyed and the information being re Department of Canadian Heritage, The Canada Council for the Art provincial/territorial departments/agencies responsible for culture and the provincial/ territorial museums associations and the Canadian Council Canadian Canadian Council Canadian Canadian Council Canadian Canadia	s Na herita	ational Archives of Canada, Tourism Canada, the age activities, the Canadian Museums Association,
Confidentiality - Statistics Canada is prohibited by law from publishin from this survey that relates to any identifiable business without the reported on this questionnaire will be treated in strict confider aggregate form only. The confidentiality provisions of the Statistics Act or by any other legislation.	prev	vious written consent of that business. The data used for statistical purposes and published in
Federal-Provincial Agreements - In order to reduce response burd entered into an agreement under Section 11 of the Statistics Act with t information on establishments/businesses operating in Québec. The includes the same provisions for confidentiality and penalties for disclo	the In: Act r	stitut de la statistique du Québec, for the sharing of respecting the Institut de la statistique du Québec
PLEASE READ BEFORE COMPLETIN	IG T	HE QUESTIONNAIRE
	G-	TE QUESTIONNAIRE
Return Procedure - Please return the questionnaire within 21 days copy for your own records. If you receive more than one questionnaire along with the duplicate(s), writing "DUPLICATE" on the relevant form the completion of this questionnaire, please contact us by phone, toll Operations and Integration Division, JT2-C9, 120 Parkdale Avenue, Ot	e for t n(s). free,	the same establishment, complete one and return it If you have any questions or require assistance in at 1-877-540-3973 or by mail at Statistics Canada,
Archives - Archival institutions which, in addition to being repositories program, should include the data concerning records management act		
Nature parks and conservation areas a) For the purpose of this survey, nature parks and conservation areas	s are	included under the title "Heritage Institutions".
b) Nature parks and conservation areas with interpretation programs conservation areas as a whole, that is, include any data for the inter-		
PLEASE COMPLETE – AUTHORIZAT	ION	TO RELEASE DATA
I hereby consent to the disclosure by Statistics Canada of individual Heritage. The Canada Council for the Arts, National Archives of departments/agencies responsible for culture and heritage approvincial/territorial museums associations and the Canadian Council of	of Ca	anada, Tourism Canada, the provincial/territorial es, the Canadian Museums Association, the
İ	035	
Signature		Date

8-2200-64: 2003-02-18 STC/ECT 185-60176





	A. REPORTING PERIOD	
 This questionnaire covers the calendar december 31, 2002. If you cannot provide cal 		
report for your financial year ending any time I	petween April 1,	Month Day This report covers
2002 and March 31, 2003 inclusive. Ple number of months for which you are reporting		011 months
the year.	, and the end of	THO HIS
E	3. ELIGIBILITY TO REPORT	
2. a) Did this institution operate primarily for t	he purpose of making a profit? (If heritage	e represents only one portion of the
activities of the organization, then this q	uestion applies only to that portion.) For the	ne purposes of this survey, federal,
	at heritage institutions that are required to sta en outsourced or contracted out to private co	
making institutions. They should respond "I	No" to this question.	·
020 1 Yes ➤ Do not proceed. 1	Thank you for your cooperation. Please re	eturn this questionnaire.
		•
3 ○ No ► Nature parks, go t	o question 2b). All others go to question	3.
b) During the reporting period, did the nature educational programs?	e park operate for recreational purposes	only, that is, without interpretation or
025 1 Yes ➤ Do not proceed. 1	Thank you for your cooperation. Please ret	turn this questionnaire.
3 No ➤ Go to guestion 3.		
C. 1	BACKGROUND INFORMATION	
3. a) Please indicate the institution's	b) Please indicate the type of the	c) Please indicate the type of
primary heritage function. (CHECK ONE ONLY)	museum, historic site, building, park or community.	the nature park or conservation area. (CHECK ONE ONLY)
,	(CHECK ONE ONLY)	,
040 01	045 21 Multidisciplinary	047 41 Wilderness area
(including question 3b) art gallery)	22 Contemporary, fine or	A2 O Natural anximum and
02 ○ Nature park or ➤ Go to	decorative arts	42 Natural environment or recreation area
conservation area question 3c)	23 Community (local interest)	
00 0 11545 1545		43 Specialized outdoor recreation area
03 Historic site, Go to building, park, question 3b)	24 Fort or military	
or community	25 Maritime or marine	44 Parkway or highway
04 Archives	26 Human history, archaeology,	area
05 Exhibition centre	anthropology, or ethnology	45 Other land bank, park,
06 Planetarium	Science and technology	or recreation reserve
07 Observatory	$\mathcal{L}(\mathcal{L})$	46 Other unique natural
08 Aguarium	Natural history or natural science	area or monument
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	29 Sports or hall of fame	48 Other (please specify)
09 Ú Zoo	G Sports of Hair of Hairing	_ " , ,,
10 Dotanical garden, arboretum, or conservatory	30 Transportation	049
18 Other (please specify)	38 Other (please specify)	
042	046	
 Please indicate if this institution/park has additioned heritage function or site location, include the 		
	065 1 Planeta	•
A series of the		
Art gallery (contemporary, fine or deco		·
Nature park or conservation area	067 1 ○ Aquariu	ım
1 Historic site, building, park, or commun	ity 068 1 Zoo	
063 1 Archives	069 1 Botanio	al garden, arboretum or conservatory
064 1 Exhibition centre	078 1 Other (please specify)079
5. Please indicate the governing authority of the i	nstitution/park. Check boxes 01, 02, or 06 or	nly if the institution reports to a
specific government department, is a governm the major source of funding but rather to whom		
080 01 Federal Government	06 Municip	oal Government (includes
please specify		I/county government)
(federal department/ agency/crown corporation)		ional Organization (includes all
02 Provincial Government		tary, secondary and post-secondary stitutions)
please specify (provincial 082	08 Religio	us Organization
department/agency/crown corporation)		
• •	18 Other (please specify)088

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		D. UTILIZED AREA		
			Interior (square metres)	Exterior (hectares)
6.		hat is the total interior and exterior area of the institution/park; including areas ed for heritage and related administrative and support functions during	(4,144,144,144,144,144,144,144,144,144,1	102
		e reporting period?	100	102
		E. OPENING HOURS AND ATTENDAN	ICE	
7.	a)	How many weeks was the institution/park accessible to the public during the one function or site location, and the access dates are different for each, then site #1 - open from June 1 to August 31; site #2 - open from July 1 to Septem September 15, which is 15 weeks .)	reporting period? If report the maximur	n number of weeks. (i.e.,
		111 1 accessible by appointment only Go to question 8		
		accomple by appointment only		
		Number of weeks	question 7b)	
	b)	What was the maximum number of hours that the institution/park was open to the more than one function or site location, and the hours are different for each, the site open the most hours during the week.		
		Maximum number of hours per week during May to September 2002 inclusive .		120
		Maximum number of hours per week during the remaining 7 months of reporting	period	121
				\rightarrow
8.	a)	Enter the number of visits to your institution/park during the months given belo estimate. (Please exclude visits made by researchers and include them in ques		
		i) total number of visits during the months of May to September 2002 inclusive		130
		ii) total number of visits during the remaining 7 months of reporting period	.))	131
		TOTAL VISITS	·)	135
	b)	Are these total visit figures based on:		
		136 1 actual counts; or 3 estimates		
	c)	Enter the number of visits by researchers during the reporting period. (More the same day should be counted as only one visit.)	an one visit by the s	ame researcher on the
		North and district house and the		137
		Number of visits by researchers		
		138 1 counts are not kept; or		
		3 onot applicable		
	d)	For ARCHIVES ONLY, enter the total number of research requests, either writ	ten, by telephone or	via the Internet.
	/	(\bigcirc)		
<	\langle	Number of research requests		139
	\	132 1 counts are not kept; or		
		3 O not applicable		
		•		
9.	En	ster the number of groups that visited the institution/park during the reporting per	riod.	
		school groups		140
		non-school groups		141
		145 1 counts are not kept		
10	. Die	d the institution have a membership program or a cooperating association progr	ram during the report	ting period?
		• • • • • • • • • • • • • • • • • •	J	
		150 1 Yes > indicate the number of members		155
		3 O No		

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			EXCLUDE	ALL T	AXES
) Fede	ral government sources:		Operating dollars (omit cents)		Capital dollars (omit cents)
i)	Federal department budget (please specify department(s))		(Offilit Certis)		(oniii cents)
	301	300		310	
		302		312	
ii)	The Canada Council for the Arts grants	303		313	
iii)	Department of Canadian Heritage grants	-		1	
iv)	Social Sciences and Humanities Research Council of Canada grants	304		314	
v)	Human Resources Development Canada grants	305		315	
vi)	Other federal government grants				
•	(please specify sources)	308		318	\wedge
	307	300		310	
		309		319	1/2/
OTAL	OF FEDERAL GOVERNMENT SOURCES	Ë			
Prov	incial government sources: (please specify)	220		340	
338		339		349	,
Muni	icipal or regional sources: (please specify)				
358		359		369	
Othe	r government sources: (please specify)				
368	устания при	370		371	
Insti	tutional/Corporate sources and donations:				
	university budget	380		390	
ii)	religious institution budget	381		391	
		382	\(\)	392	
iii)	corporate budget	383	>	393	
iv)	corporate grants and donations	385		395	
v)	corporate sponsorships	>			
vi)	foundation grants	384		394	
vii)	contributions from "Friends of"	386		396	
viii)	individual donations (including bequests)	410		430	
OTAL	OF INSTITUTIONAL/CORPORATE SOURCES	388		398	
Earn	ed revenues:				
i)	membership fees	411		431	
,		440		422	
ii) 	admission fees	412		432	
iii)	gross revenue from book store, gift shop, sales counter, cafeterias, camping fees				
	and recreational activities	413		433	
\langle iv)	all other revenue (including interest/income from endowment funds)	418		438	
<i>(_)</i>		420		440	
<	OF EARNED REVENUES	420	<u> </u>	440	
um d	of boxes 309+339+359+370+388+420 and	440		440	
9+349	9+369+371+398+440)	448		449	
	e all or part of the earned revenues reported in question	11f) tui	rned over to a governmen	nt cons	solidated revenue fur
or to	your governing authority (e.g. university)?				
600	1 No, none > Go to question 12c				
	2 Yes, part ➤ indicate the transfer amount	_		_	
	3 ○ Yes, all ➤ indicate the transfer amount	60	1		
.,	indicate the transfer amount				
	a answered yes to question 12a), is this transfer amount in	cluded	under earned revenues i	n ques	stion 11f?
602	1 Yes				
	3 No				

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13. Please enter the operating expenses, for the reporting period ind	icated in question 1.	
INCLUDE THE NON-REFUNDABLE GST in each expense category	ory.	Dollars (omit cents)
a) Total wages and salaries, including benefits and employer's cor contract fees paid to individuals		460
b) Acquisitions of artifacts, specimens and other heritage resource acquisitions which were acquired with your operating budget).	es. (Include only those	461
c) All other operating expenses (including cost of goods sold if app	olicable)	468
TOTAL OF OPERATING EXPENSES		469
14. Of the total operating expenses reported in box 469, please estimates	ate the percentage paid directly	
to businesses or individuals outside Canada.		471
15. Please enter the capital expenses, for the reporting period indicate INCLUDE THE NON-REFUNDABLE GST in each expense category.		Dollars (orbit cepts)
a) Purchase of lands, buildings, structures		483
b) Replacement of existing buildings or structures		484
, ,		485
c) Construction of new buildings or structures (or additions to exist d) Improvements, alterations, renovations to existing buildings or structures.		486
(but not resulting in a change in scale or capacity)		487
e) All other capital expenses (please specify)		489
TOTAL OF CARITAL EVENNESS	.O.M	400
TOTAL OF CAPITAL EXPENSES	<i></i>	
H. PERSON	NNEL	
		e reporting period.
H. PERSON 16. Please indicate the number of staff and the total hours worked		Total hours per week
16. Please indicate the number of staff and the total hours worked a) Full-time: paid employees who worked at least 30 hours per week all year	during a typical week during th	
16. Please indicate the number of staff and the total hours worked a) Full-time: paid employees who worked at least 30 hours	during a typical week during th	Total hours per week
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff	Total hours per week by number of staff
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff 200 210	Total hours per week by number of staff
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff 200 210	Total hours per week by number of staff 220 226
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff 200 210 216	Total hours per week by number of staff 220 226 221
a) Full-time: paid employees who worked at least 30 hours per week all year. b) Seasonal full-time: paid employees who worked at least 30 hours per week all year. c) Outside professionals, contractors and freelancers. d) All other paid employees.	Number of staff 200 210 216 211 212	Total hours per week by number of staff 220 226 221
a) Full-time: paid employees who worked at least 30 hours per week all year. b) Seasonal full-time: paid employees who worked at least 30 hours per week all year. c) Outside professionals, contractors and freelancers. d) All other paid employees. e) Unpaid volunteer staff. TOTAL NUMBER OF STAFF.	Number of staff 200 210 216 211 212 215	Total hours per week by number of staff 220 226 221 225
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff 200 210 216 211 212 215	Total hours per week by number of staff 220 226 221 225
a) Full-time: paid employees who worked at least 30 hours per week all year. b) Seasonal full-time: paid employees who worked at least 30 hours per week all year. c) Outside professionals, contractors and freelancers. d) All other paid employees. e) Unpaid volunteer staff. TOTAL NUMBER OF STAFF. 1. ADMISS	Number of staff 200 210 216 211 212 215	Total hours per week by number of staff 220 226 221 225
a) Full-time: paid employees who worked at least 30 hours per week all year	Number of staff 200 210 216 211 212 215 SION g the reporting period? (Note that the following:	Total hours per week by number of staff 220 226 221 225 at this question does not refer Admission or entry fee
All other paid employees a) Full-time: paid employees who worked at least 30 hours per week all year b) Seasonal full-time: paid employees who worked at least 30 hours per week aluring your peak season, but for less than 6 consecutive months. c) Outside professionals, contractors and freelancers. d) All other paid employees e) Unpaid volunteer staff. TOTAL NUMBER OF STAFF. 1. ADMISS 17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.) 160 1 Yes 3 No Go to question 18 b) Enter the individual amount charged, where applicable, for the	Number of staff 200 210 216 211 212 215 SION g the reporting period? (Note that the following:	Total hours per week by number of staff 220 226 221 225 Admission or entry fee (Dollars and cents)
All other paid employees 17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.) H. PERSON 16. Please indicate the number of staff and the total hours worked at least 30 hours per week all year. b) Seasonal full-time: paid employees who worked at least 30 hours per week during your peak season, but for less than 6 consecutive months. c) Outside professionals, contractors and freelancers. d) All other paid employees e) Unpaid volunteer staff TOTAL NUMBER OF STAFF. 1. ADMISS 17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.) 160 1 Yes 3 No Go to question 18 b) Enter the individual amount charged, where applicable, for the i) Adult.	Number of staff 200 210 216 211 212 215 SION g the reporting period? (Note that	Total hours per week by number of staff 220 226 221 225 Admission or entry fee (Dollars and cents)
All other paid employees TOTAL NUMBER OF STAFF I. ADMISS 17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.) B. ADMISS B. ADMISS B. Co to question 18 B. Enter the individual amount charged, where applicable, for the ii) Adult ii) Child C. Please indicate the number of staff and the total hours worked at least 30 hours per week all year. B. ADMISS 17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.)	Number of staff 200 210 216 211 212 215 SION g the reporting period? (Note that	Total hours per week by number of staff 220 226 221 225 Admission or entry fee (Dollars and cents) 161 162

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18. a) Does the institution use any of the following technologies for planning and/or management purposes: (CHECK ALL THAT APPLY) 500 1
501 1 computer assisted collections management 502 1 other (please specify) 505 b) Does the institution use any of the following technologies for information and/or product dissemination to the public: (CHECK ALL THAT APPLY) 510 1 website or homepage on the Internet please provide the Internet address (URL) 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
b) Does the institution use any of the following technologies for information and/or product dissemination to the public: (CHECK ALL THAT APPLY) 510 1 website or homepage on the Internet please provide the Internet address (URL) 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
b) Does the institution use any of the following technologies for information and/or product dissemination to the public: (CHECK ALL THAT APPLY) 510 1 website or homepage on the Internet please provide the Internet address (URL) 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
public: (CHECK ALL THÂT APPLY) 510 1 website or homepage on the Internet please provide the Internet address (URL) 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
public: (CHECK ALL THÂT APPLY) 510 1 website or homepage on the Internet please provide the Internet address (URL) 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
M014 511 1 products on diskette or CD-ROM 512 1 interactive service/information computer terminal
512 1 interactive service/information computer terminal
Other (please specify)
19. Business Number (BN)
Please report your Business Number (GST/HST account number). You may obtain this number from your lates Assessment Notice or from your Canada Customs and Revenue Agency Taxation Remittance Form. The Business Number allows Statistics Canada to access your tax records as permitted under the Statistics Act) The tax records will be used to improve the quality of our survey results and to make minor adjustments to the survey data. Just like your survey responses, the tax data are safeguarded by the confidentiality provisions of the Statistics Act.
Business Number
F008 R
20. Please enter the year this institution was created
() [6003
K. CONTACT INFORMATION AND PHYSICAL ADDRESS OF THE INSTITUTION
Please give the name, phone number, FAX and e mail address of the person to be contacted if further clarification is necessary. (PLEASE PRINT) If different from the MAILING address on the mailing label, please give the address of the physical location of the institution. If this institution has more than one site,
please give the MAIN physical location address.
please give the MAIN physical location address. (PLEASE PRINT)
please give the MAIN physical location address. (PLEASE PRINT) Name Street
please give the MAIN physical location address. (PLEASE PRINT) Name Mo15 Street City
please give the (PLEASE PRINT) Name Mo03 Name Mo15 Street Mo16 City Phone number Extension Province
please give the (PLEASE PRINT) Name Mo03 Name Mo15 Street Mo16 City Mo10 Phone number Mo11 Extension Mo17 Postal code
please give the (PLEASE PRINT) Name Mo15 Street Mo16 City Mo10 Phone number Mo11 FAX number Mo12 FAX number Mo12 Postal code Date completed
please give the (PLEASE PRINT) Name Mo15 Street Mo16 City Phone number Mo10 FAX number Mo12 Mo13 Email Mo25 Mo25 Mo25 Mo10 Mo1N physical location address. (PLEASE PRINT) Mo10 Street Mo11 Province Mo12 Mo25 Date completed
please give the (PLEASE PRINT) Name Mo13 Name Mo14 Title Mo15 Extension Mo17 FAX number Mo18 FAX number Mo18 Mo25 Date completed
please give the (PLEASE PRINT) Moos Name Moos Street Moos City Moos Phone number Moos FAX number Moos Date completed L. YOUR COMMENTS ARE APPRECIATED
please give the (PLEASE PRINT) Name Mo13 Title Mo14 Phone number Mo15 FAX number Mo18 FAX number Mo18 L. YOUR COMMENTS ARE APPRECIATED
please give the (PLEASE PRINT) Name Mo03 Name Mo15 Street Mo16 City Mo10 Phone number Mo17 FAX number Mo18 Postal code Mo18 Date completed L. YOUR COMMENTS ARE APPRECIATED
please give the (PLEASE PRINT) Name M003 Name M004 Title M016 City M017 Province M018 Postal code M018 Date completed L. YOUR COMMENTS ARE APPRECIATED S900 S910
please give the (PLEASE PRINT) Name M003 Name M004 Title M016 City M017 Province M018 Postal code M018 Date completed L. YOUR COMMENTS ARE APPRECIATED S900 S910
please give the MAIN physical location address. (PLEASE PRINT) Mons Name Mons Title Mons Province Mons FAX number Mons Extension Mons Date completed L. YOUR COMMENTS ARE APPRECIATED Sepon S
please give the (PLEASE PRINT) Name M003 Name M015 Street M016 City M016 Phone number M017 FAX number M018 Postal code M018 Date completed L. YOUR COMMENTS ARE APPRECIATED S920

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