



# Survey of Heritage Institutions, 1999-2000

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

8

Correct mailing address label if necessary. (PLEASE PRINT)						
	Official name of institution					
810						
	Popular name of institution					
811						
	Street					
812						
	City					
813			$\wedge$			
	Province		Postal Code \			
814		816				

### INFORMATION FOR RESPONDENTS - Please read carefully

Survey Objective - The objective of this survey is to collect information on publicly and privately owner institutions and parks. The purpose of these institutions and parks is to acquire, preserve, study, interpret, and make accessible to the public, for its instruction and enjoyment, objects, specimens, documents, buildings, and land areas of educational and cultural value, including artistic, scientific, historical, natural and technological material. This survey will cover all institutions and parks which meet the requirements set forth above, excluding those which operate primarily for the sale of objects exhibited or as profit-making endeavours.

The list of institutions being surveyed and the information being requested has been determined in cooperation with the Department of Canadian Heritage, The Canada Council for the Arts, National Archives of Canada, Tourism Canada, the provincial/territorial departments/agencies responsible for culture and heritage activities, the Canadian Museums Association, the provincial/ territorial museums associations and the Canadian Council of Archives

Confidentiality - Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business without the previous written consent of that business. The data reported on this questionnaire will be treated in confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

Federal-Provincial Agreements - In order to reduce response burden and ensure uniform statistics, an agreement for the exchange of data has been made with the Institut de la statistique du Québec in accordance with Section 11 of the Statistics Act. For establishments and/or business locations operated in Québec the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the Institut de la statistique du Québec. In Québec, the law regarding statistics includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

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

## PLEASE READ BEFORE COMPLETING THE QUESTIONNAIRE

Return Procedure - Please veturn the substionnaire within 30 days of receipt using the postage paid envelope, and retain a copy for your own records. (If you receive more than one questionnaire for the same establishment, complete one and return it along with the duplicate(s) writing "DUPLICATE" on the relevant form(s). If you require assistance in the completion of this questionnaire or have any questions regarding the survey, please contact the Operations and Integration Division of Statistics Canada, toll free 1,877-540-3973. Please quote the name of the survey.

#### **GENERAL**

Archives Archival institutions which, in addition to being repositories of archival documents, operate a records management program, should include the data concerning records management activities in all questions.

### Nature parks and conservation areas

- a) Fόχ the purpose of this survey, nature parks and conservation areas are included under the title "Heritage Institutions".
- b) Nature parks and conservation areas with interpretation programs should respond to all questions for the nature parks or conservation areas as a whole, that is, include any data for the interpretation program(s) in your figures.

#### PLEASE COMPLETE - AUTHORIZATION TO RELEASE DATA

I hereby consent to the disclosure by Statistics Canada of individual data from this survey to the Department of Canadian Heritage, the Canada Council for the Arts, National Archives of Canada, Tourism Canada, the provincial/territorial departments/agencies responsible for culture and heritage activities, the Canadian Museums Association, the provincial/territorial museums associations and the Canadian Council of Archives.

	035	
Signature		Date







A. REPORTING PERIOD										
1.		ease enter the date which marked the clos			Day		onth	Year	This re	port covers
	19	99 and March 31, 2000 inclusive. Your rep	orting period	[	Day		Onu	I Cai	11110 101	DOIL COVETS
		all further questions should be 12 months adate, if not, please indicate the number of n		010					011	month
		В	. ELIGIBILIT	Y TO R	EPOR	Т				
2.	2. a) Did this institution operate primarily for the purpose of making a profit? (If heritage represents only one portion of the activities of the organization, then this question applies only to that portion.) For the purposes of this survey, Federal, provincial, municipal and other government heritage institutions which are required to stand on their own or meet certain revenue target or whose activities have been outsourced or contracted out to private companies are not considered as profit making institutions. They should respond "No" to this question.									
		020 1 ○ Yes ➤ Do not proceed. The	hank you for y	your cod	peratio	on. P	lease r	eturn this qu	estionnaire.	
		3 ○ No ➤ Nature parks, go to	question 2b)	. All oth	ners go	to qu	uestion	ı <b>3</b> .		
	b)	During the reporting period, did the <b>nature</b> educational programs?	park operate	for reci	reation	al pu	rposes	only, that is	, without inter	rpretation or
		025 1 ○ Yes ➤ Do not proceed. The	hank you for y	your cod	peration	on. Pl	ease re	eturn this qu	estionnaire.	$\mathcal{J}/$
		3 ○ No ➤ Go to question 3.								)
			ACKGROUN	ND INFO	<u>RM</u> AT	ΓΙΟΝ				<i>&gt;</i>
3.	a)	Please indicate the institution's	b) Please ir	ndicate tl	he tvpe	of the	j	c)/Please	indisate the	type of
<b>C</b> .	ω,	primary heritage function. (CHECK ONE ONLY)	museum park or o (CHECK	n, historic communi	site, bi			(the nat	ure park or co	onservation
0-	40	01 Museum (including Go to question 3b)	045 21 O N	Multidisci	plinary		</th <th><b>047</b> 41 C</th> <th>Wilderness</th> <th>area</th>	<b>047</b> 41 C	Wilderness	area
		art gallery)  02 Nature park or  Go to		Contemp decorativ		ne or		42 🔾	Natural env	
		conservation area question 3c)  03  Historic site, Go to		Commun	$\langle \rangle \setminus$	inter	rest)	43 🗀	Specialized recreation a	
		building, park, question 3b) or community	_	Maritinge	$\langle \tilde{C} \rangle$	ne		44 🗀	Parkway or area	highway
		04 Archives 05 Exhibition centre	26 k	duman h anthropol	/ istory, a ogy, or	archae ethno	eology, ology	45 🔾	Other land l	
		06 Planetarium	() 27 \ e	Science a	and tecl	nnolog	ЭУ		or recreatio	n reserve
		07 Observatory		Natural h	istory o	r natu	ral	46 🔾	Other uniquarea or mor	
		08 Aquarium 09 Zoo		Sports or	hall of	fame		48 🔾	Other (plea	se specify)
		10 Botanical garden, arboretum,	30 O T	Fransport	tation					049
		or Conservatory		Other (ple		ecify)				
		042	_				046			
4.		ease indicate if this institution/park has additi								ore than
060	٦,	e heritage function or site location, include the	ose functions i	n all furti	ner que	stions 1	s. (CHE Planet		T APPLY)	
07	<u> </u>	Art gallery (contemporary, fine or decor	ative arts)		066	1()		vatory		
06	了 []	Nature park or conservation area	u		067	1 (	Aquar	,		
062	2 1	Historic site, building, park, or communit	ry		068	1 (	Zoo			
063	3 1	Archives			069	1 (	Botan	ical garden, a	rboretum or o	conservatory
064	1	Exhibition centre			078	1 (	Other	(please speci	ify)	079
<ol> <li>Please indicate the governing authority of the institution/park. Check boxes 01, 02, or 06 only if the institution reports to a specific government department, is a government agency or is a crown corporation. This question is not asking who provides the major source of funding but rather to whom the institution reports. (CHECK ONE ONLY)</li> </ol>										
080	0.				7 (	06 🔾		ipal Governm		
		please specify (federal department/ agency/crown corporation)				07 🔾	Educa	al/county gov ational Organi entary, second	zation (includ	
	02	Provincial Government please specify (provincial   082			1		level i	nstitutions)		
		department/agency/crown corporation)				)8()	Ū	ous Organizat		
		1/			•	18()	Other	(please speci	ify)	088

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		D. UTILIZED AREA		
			Interior	Exterior
us		at is the total interior and exterior area of the institution/park; including areas and felated administrative and support functions during	(square metres)	(hectares)
		e reporting period?	100	102
		E. OPENING HOURS AND ATTENDAN	CE	
7	2)	How many weeks was the institution/park accessible to the public during the r		you report for more than
,.	u,	one function or site location, and the access dates are different for each, then site #1 - open from <b>June 1</b> to August 31; site #2 - open from July 1 to <b>Septem</b> September 15, which is <b>15 weeks</b> .)	report the maximur	n number of weeks. (i.e.,
		111 1 accessible by appointment only Go to question 8		
		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 the site open the most hours during the week.		
		Maximum number of hours per week during May to September 1999 inclusive .		120
		Maximum number of hours per week during the remaining 7 months of reporting	g period	121
		financial year ends between <b>May 1 and September 30, 1999</b> , please estimate	by following this ex	ample If your financial
•		stion <b>8ai)</b> add the number of visitors from May 1 to June 30, 1999 to the number of	of visitors from July	1 to September 30, 1998.
In (	que	stion <b>8aii)</b> enter the number of visitors from October 1, 1998 to April 30, 1999		
8.	a)	Enter the number of <b>visits</b> to your institution/park during the months given belowestimate. (Please include visits made by researchers in question &c.)	w. If not known, plea	ase give your best
		i) total number of visits during the months of May to September 1999 inclusive .		130
		ii) total number of visits during the remaining 7 months of veporting 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 <b>visits by researchers</b> 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
		Number of visits by researchers		137
		138 1 counts are not kept; or		
	,	not applicable/don't know		
/	(A)	For ARCHIVES ONLY, enter the total number of research requests, either writ	ten, by telephone or	via the Internet.
\	/			
	`	Number of research requests		139
		132 1 counts are not kept; or		·
		3 not applicable/don't know		
9	F,	nter the number of <b>groups</b> that visited the institution/park during the reporting per	rind	
٥.	_1	and the manipol of groups and violed the mountaion/pair during the repoliting per	iou.	140
		school groups		140
		non-school groups		1-71
		145 1 counts are not kept		
10.		d the institution have a <b>membership program</b> such as a "Friends of" association tring the reporting period?	or a cooperating as	sociation program
		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))		(onit cents)		(omit cents)
	301	300		310	
::\	The Conade Council for the Arte grants	302		312	
ii) ,	The Canada Council for the Arts grants	303		313	
iii) iv)	Department of Canadian Heritage grants			1	
10)	of Canada grants	304		314	
v)	Human Resources Development Canada grants	305		315	
vi)	Other federal government grants				
	(please specify sources)	308		318	
DTAL	OF FEDERAL GOVERNMENT SOURCES	309		319	
	incial government sources: (please specify)				
338	,,	339		349	
Mun	icipal or regional sources: (please specify)				
358	orpar or regional sources. (piease specify)	359		369	ł
Otho	r government sources: (please specify)				
368	government sources. (please specify)	370		371	
	tutional/Corporate sources and Donations:	^			
	university budget	380		390	
ii)	religious institution budget	381		391	
iii)	corporate budget	382	<b>S</b>	392	
		383	>	393	
iv)	corporate grants and donations	385		395	
v)	corporate sponsorships	384		394	
vi)	foundation grants	386		396	
vii)	contributions from "Friends of"	410		430	
-	individual donations (including bequests)				
	OF INSTITUTIONAL/CORPORATE-SOURCES	388		398	
	ed revenues:	411		431	
i)	membership fees				
ii)	admission fees	412		432	
iii)	gross revenue from book store, gift shop, sales counter, cafeterias, camping fees				
	and recreational activities	413		433	
∕ <sup>iv)</sup>	all other revenue (including interest/income from endowment funds)	418		438	
$\langle \hat{a} \rangle$		420		440	
<	OF EARNED REVENUES	420		1770	
um, k	of boxes 309+339+359+370+388+420 and	448		449	
9+349	9+369+371+398+440)	4.0		1 440	1
	e all or part of the earned revenues reported in question 1 your governing authority (e.g. university)?	11f) tur	ned over to a governme	nt cons	solidated revenue fu
600	1 No, none Go to question 12C				
	2 Yes, part indicate the transfer amount	60	4		
	3 ○ Yes, all ➤ indicate the transfer amount	60	'		
If you	ر u answered yes to question 12a), is this transfer amount in	cluded	under earned revenues	in ques	stion 11f?
602	1 Yes				
	3 O No				

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13. Please enter the operating expenditures, for the reporting period indicated in question 1.							
INCLUDE THE NON-REFUNDABLE GST in each expenditure ca	Dollars (omit cents)						
a) Total wages and salaries, including benefits and employer's co contract fees paid to individuals	460						
<ul> <li>b) Acquisitions of artifacts, specimens and other heritage resourc acquisitions which were acquired with your operating budget).</li> </ul>	461						
c) All other operating expenditures (including cost of merchandise if applicable)	468						
TOTAL OF OPERATING EXPENDITURES		469					
14. Of the total operating expenditures reported in box 469, please es	stimate the percentage paid						
directly to businesses or individuals outside Canada.		471					
15. Please enter the capital expenditures, for the reporting period indi INCLUDE THE NON-REFUNDABLE GST in each expenditure c		Dollars					
INCLUDE THE NON-REPONDABLE GOT III each experimitive of	ategory.	(omit depris)					
a) Purchase of lands, buildings, structures		483					
		484					
b) Replacement of existing buildings or structures		485					
c) Construction of new buildings or structures (or additions to exi		100					
d) Improvements, alterations, renovations to existing buildings or (but not resulting in a change in scale or capacity)		486					
e) All other capital expenditures (please specify)		487					
TOTAL OF CARITAL EXPENDITURES	70>	489					
TOTAL OF CAPITAL EXPENDITURES							
H. PERSO		on reporting period					
	during a typical week during th	ne reporting period.					
H. PERSO  16. Please indicate the number of staff and the total hours worked  a) Full-time: paid employees who worked at least 30 hours		ne reporting period.  Total hours per week by number of staff					
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.	Number of staff  200	Total hours per week by number of staff					
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	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  216	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 200 210 216 211	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	Number of staff  200  210  216  211	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  211	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 aluring your peak season, but for less than 6 consecutive months.  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.  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 warked at least 30 hours per week all year.  b) Seasonal full-time: paid employees who worked at least 30 hours per week bluring 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.  I. 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	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  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.)  H. PERSO  P. PERSO  All other 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  FOTAL 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.)  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  at this question does not refer					
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. PERSO  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  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  I. 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) Adults	Number of staff  200  210  216  211  212  215  SION  ag 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 (Dollars and cents)					
H. PERSO  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  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  I. ADMISS  17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.)  160 1	Number of staff  200  210  216  211  212  215  SION ag 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)  161					
a) Full-time: paid employees who warked at least 30 hours per week all year	Number of staff  200  210  216  211  212  215  SION  ag 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 (Dollars and cents)  161  162					
H. PERSO  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  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  I. ADMISS  17. a) Did your institution/park charge for admission or entry during to such charges as camping fees or special exhibits.)  160 1	Number of staff  200  210  216  211  212  215  SION  ag 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 (Dollars and cents)  161 162 163					

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	18. a) Does the institution use any of the following technology						
	(CHECK ALL THAT APPLY)						
	500 1 Computer assisted exhibition layout floor planning						
	501 1 computer assisted collections management						
	502 1 Other (please specify)505						
	b) Does the institution use any of the following technolog (CHECK ALL THAT APPLY)  510 1 website or homepage on the Internet	-	information and/or product dissemination to the public:				
		_	829				
	511   1   products on diskette or CD-ROM						
	512 1 interactive service/information computer terminal  513 1 other (please specify)						
	Please report your nine digit GST registered account num	·	GST Number  520 R				
	K. CONTACT INFORMATION AND PHY	SIC					
	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. In this institution has more than one site, please give the MAIN physical location address.				
824	Name	831	Street				
825	Title	832	Sity				
826	Phone number —	833	Province				
827	FAX number	834	Postal code				
828	E-mail	<u> </u>					
	L. YOUR COMMENT	S AF	RE APPRECIATED				
	$\nearrow$						
(							
\	<u> </u>						
			·				
			₩				
	THANK YOU FOR Y	OUR	COOPERATION				

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