

# **Tourism, Heritage and Culture**

# **Archaeology and Heritage Branch**

HISTORICAL SOCIETIES ASSISTANCE PROGRAM								
Legal Name of Organization								
Date of Incorporation and Number								
Charitable Tax Number (if applicable)								
Address								
City or Town			Postal Code					
Contact Name			Telephone (Org.)					
E-mail (Org.)								
Previous year funding	\$		Amount Requested	\$				

APPLICATION DEADLINE: APRIL 15

Applications and all required supporting material <u>must be sent electronically</u> to:

archaeology-heritage@gnb.ca

Please note that government's email system has a limit of 9-10 MB for any attachments.

Multiple emails to provide all the supporting material may be necessary.

# 1.0 Organizational Governance Information

	•											
1.1	Number o	f members	in your organiz	zation								
1.2	Membersh structure	nip fee										
1.3	Number o	f volunteers										
1.4	Total num	Total number of hours given by all volunteers for the past year										
1.5	funded thr	Number of paid staff (i.e., on the organization's payroll, excluding those funded through employment programs)  Please open the MS Excel Form and select tab 1.5 "Paid Staff".							Full-time Part-time Casual/contract			
1.6	summarizi	ing their go		anization, please prements over the page.				S				
1.7	roles, add		elephone numb	rent Board composi pers. Describe how				S				
1.8	Please p	rovide us	with the fol	lowing docume	nts:			5	3			
	■ An	outline of	the past ye	ar's activities								
	■ A c	opy of yo	ur <u>most rec</u>	ent annual repo	ort (as of A	April 15)						
	■ Pre	sident's r	eport									
	■ Tre	asurer's r	eport									
	■ Min	utes of th	e <b>most rec</b>	ent annual gen	eral meeti	ng (as of	April 15)					
	■ Co	py of you	r Strategic F	Plan			,					
2.0	Informati	on on ac	tivities offe	ered by your o	ganizatio	on						
2.1	operating are hopin	g dates, s	special activ	ng details for the vities and even plain how these tegic Plan.	ts. Descri	be new ir	nitiatives	you	S			
2.2		Attendance at your institution during last year (or origin and number of research requests/inquiries)					В.	N.S. / P.	E.I. / N.F.			
	Ontario	Quebec	Other Canadian Provinces	New England CT/MA/ME NH/RI/VT	NJ/NY/PA	Other US States	Foreign	Unknown	Total			
				stitution during the	<u> </u>							
·				clude percentage k visitation numb				•	of origin			

2.3	When was your institution open	n to the public?	All year long □							
	Period (e.g., May 15 – *Please be sp		Hours	/Day		Days/Week			Ву ар	pointment
	How do you communicate you hours and availability to the pu									
2.4	Did you provide your services	in both official languages	?							
	Information, Yes ☐ research requests No ☐	Publications Yes No	Marketing social med		Yes No			ramn ities	ning,	Yes No
2.5	Provide the linear measurement	nt (in metric)¹ of material	in your ar	chival	colle	ction				
	Provide the number of artifacts	in your museum collecti	on (if appl	icable	:)					
2.6	Did you acquire any items for y				No		Yes ☐ (Please attach a list)			
2.7	Under your publication program forms of material your organization									ins or other
	Title	Author (s)		Print	Print Run Num of pa					List Price
										\$
										\$
										\$
2.8	Number of employees funded Please open the MS Excel For		=	Progr	ams"					
3.0 <b>Professional development and member training during last year.</b> List of professional development opportunities provided to staff, volunteers, or board members in the previous year.										
	Participant(s)	Name of training cour	se/webin	ar			Off	fered	by	
	.0 List all associations your organization is a member of. (For example: Association Museums & Built Heritage New Brunswick, Canadian Museums Association, Council of Archives New Brunswick, etc.)						luseums			

<sup>&</sup>lt;sup>1</sup> Linear measurement is the standard for measuring archival collections based on the Rules for Archival Description (RAD) established by the Canadian Council of Archives.

### 5.0 Financial Information

Please consult the Financial Forms for Heritage Organizations for additional details. Open the MS Excel Form. Select tab 5.0 "Financial Information" and provide the information required in the appropriate columns.



## 6.0 Operational Effectiveness

Please indicate the actions taken by your organization in the last 12 months.

Action	Yes	No ✓	Number
Completed/reviewed a long-term strategic plan			
Held a planning meeting for this year's operation			
Held an annual meeting. Members attending:			
Voted to approve an annual budget			
Voted to approve new board members			
Held regular Board Meetings (as per by-laws)			
Presented regular financial reports to the Board			
Recruited new members/volunteers			
Organized special events for members			
Organized special events for the public			

Please send us the documents identified below and all other documents you consider relevant for your organization. The information will be kept in our files for a period of **9 years**. If your organization makes changes to the documents you have submitted, we ask that you provide us with the most recent updates as soon as they are passed by your board.

## Our organization has drafted and approved the following documents:

Document	Previously submitted (on or after 2020) ✓	Revised version Attached	Date last reviewed/updated
*Rules and Statutes (By-Laws)			
Strategic Plan			
Programs and Outreach Plan			
Exhibition Development Plan			
Acquisition Policy			
Collections Management Policy			
Integrated Pest Management Policy			
Emergency Plan and Procedures			
Human Resources Policy			
Communication and Marketing Strategy			
Facility/Building Management Plan			
Other:			
Other:			

<sup>\*</sup>Documents with an asterisk are required in order to be considered for funding.

Our organization requires help	or training with:		
Strategic planning		Conservation	
Policy development		Registration	
Membership development		Public Programming	
Board management		Fundraising	
Equity, diversity, and inclusion		Accessibility	
Other:			
AGREEMENT AND ACKNOWLEDGEM	ENT:		
Where applicable, I acknowledge set by the Canadian Council of A Canadian Conservation Institute.			
I hereby agree to provide all req needed to evaluate this applicat incomplete.			
I recognize that applications are provision of a grant, the Government The Government will not be held r	ent of New Brunsv	vick has no further commitment	
I agree to acknowledge the contribution our activities.	oution of the Gove	ernment of New Brunswick in all	publicity related
I certify that this application and the Board or by the Executive of the o		ed with the request have been a	approved by the
I certify that I have signing authori knowledge, the information prov Department with a full report of the	ided with this ap	oplication is accurate. I agree	to provide the
Name		Title	
Signature		Date	

The Department may revise Program guidelines or suspend the program without notice if required funds are not available. Meeting the eligibility criteria does not guarantee that a grant will be awarded. Because of the high number of applications that may be received and the limited resources available, grants awarded may be smaller than the amounts requested.

In the case of disagreement concerning the interpretation of its policies funding programs and their respective components, the Department reserves the right to final interpretation of the intent and implementation of the program.

The applicant hereby acknowledges and agrees that, if awarded a grant, the name of the grant recipient, the recipient's community, the program name, and the amount of the grant, will be published by the Department of Tourism, Heritage and Culture on the Government of New Brunswick web site and in the Department's Annual Report.

**Archaeology and Heritage Branch** 

Tourism, Heritage and Culture
Marysville Place
P.O. Box 6000
Fredericton, NB E3B 5H1