

**HISTORICAL SOCIETIES ASSISTANCE PROGRAM**

Registered Name of Organization			
Date of Incorporation and Number			
Charitable Tax Number			
Address (Organization)			
City or Town		Postal Code	
Telephone (Org.)	(506) -	Fax (Org.)	(506) -
E-mail (Org.)			
Contact Name		Telephone (Home)	(506) -
E-mail (Home)		Telephone (Work)	(506) -

Previous year funding	\$	Amount Requested	\$
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**APPLICATION DEADLINE: APRIL 15**

<b>For Office use only</b>	Date received :	Funding level :	
	Recommandation :	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>
	Reasons :		
	Manager :	Date :	
	Director :	Date :	

**Applications and all required supporting material must be sent electronically to:**  
[museum@gnb.ca](mailto:museum@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. Submit CD, DVD, flash drive to the mailing address at the end of the form.


## 1.0 Organizational Governance Information

1.1	Number of members in your organization	
1.2	Membership fees (give breakdown)	
1.3	Number of volunteers	
1.4	Number of hours given by volunteers for the past year	
1.5	Number of paid staff ("Employment Programs" are under Tab 2.8) (Please open the MS Excel Form. Select the appropriate tab and provide the information required in appropriate columns.)	
1.6	For each active committee within your organization, please provide an activity report.	
1.7	Please attach and describe the current Board composition, including their function, address and telephone numbers. Explain the approach for identifying new Board member.	

1.8 Please provide us with the following documents: 

- An outline of the past year's activities
- A copy of your most recent annual report
- President's report
- Treasurer's report
- Minutes of the annual general meeting
- Copy of your Strategic Plan (if applicable)

## 2.0 Information on activities offered by your organization

2.1 Describe and give programming details for the request year (actual and planned). Include proposed operating dates, special activities and events. Describe new initiatives you are hoping to accomplish. 

2.2	Attendance at your institution during last year					N.B.		N.S. / P.E.I. / N.F.	
	Ontario	Quebec	Other Canadian Provinces	New England CT/MA/ME NH/R/VT	NJ/NY/PA	Other US States	Foreign	Unknown	<b>Total</b>
	Number of school groups at your institution during the last year								

2.3	When was your institution open to the public?		Specify the year:		All year long <input type="checkbox"/>		
	Season		Hours/Day		Days/Week		
	Summer						
	Fall						
	Winter						
	Spring						
2.4	Did you provide your services in both official languages?				Cultural activities		Yes <input type="checkbox"/>
	Information		Brochure, Poster		Programming		Printings
Yes <input checked="" type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
2.5	Under your archival program, number of items in your collection						
	Number of items in your collection (if applicable)						
2.6	Did you acquire any items for your collection during last year?				No <input type="checkbox"/>		Yes <input type="checkbox"/>
							(Please attach a list)
2.7	Under your publication program, please list below details with respect to newsletters, journals, bulletins or other forms of material your organization published last year. Please supply a copy of your publications.						
	Title		Author (s)		Print Run	Number of pages	Publication Date
							\$
							\$
							\$
						\$	
2.8	Participation in last year's employment programs (Please open the MS Excel Form. Select the appropriate tab and provide the information required in appropriate columns.)						

**3.0 Professional development and member training during last year.** List on professional development opportunities provided to staff in the previous and current years.

Name of Individual	Training Course	Offered by

**4.0 List all associations your organization is a member of.**  
(For example: Association Heritage New Brunswick, Canadian Museums Association, Council of Archives New Brunswick, etc.)

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## 5.0 Financial Information

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



## 6.0 Operational Effectiveness

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

Action	Yes ✓	No ✓	Number (if applicable)
Completed/reviewed a long-term strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	
Held a planning meeting for this year's operation	<input type="checkbox"/>	<input type="checkbox"/>	
Held an annual meeting. Members attending:	<input type="checkbox"/>	<input type="checkbox"/>	
Voted in an annual budget	<input type="checkbox"/>	<input type="checkbox"/>	
Voted in new board members	<input type="checkbox"/>	<input type="checkbox"/>	
Held regular Board Meetings	<input type="checkbox"/>	<input type="checkbox"/>	
Presented regular financial reports to the Board	<input type="checkbox"/>	<input type="checkbox"/>	
Recruited new members/volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Organized special events for members	<input type="checkbox"/>	<input type="checkbox"/>	
Organized special events for the public	<input type="checkbox"/>	<input type="checkbox"/>	

Please send us the documents identified below in the middle column and all other documents you consider relevant for your organization. The information will be kept in our files for a period of **9 years**. In the meantime, 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 adheres to the following policies:**

Document	Previously submitted ✓	Revised version & Attached ✓	In preparation ✓
Rules and statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination Policy (exhibits, publications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Policy and Cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquisition Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collections Management Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Plan and Marketing Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Our organization requires help or training with:**

Strategic planning	<input type="checkbox"/>	Conservation	<input type="checkbox"/>
Policy development	<input type="checkbox"/>	Registration	<input type="checkbox"/>
Membership development	<input type="checkbox"/>	Public Programming	<input type="checkbox"/>
Board management	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>

Other: \_\_\_\_\_

**AGREEMENT AND ACKNOWLEDGEMENT:**

I hereby agree to provide all requested information as well as any other supporting documents needed to evaluate this application. I understand that my application may be refused if it is incomplete.

I recognize that applications are approved subject to availability of funds, and that beyond the provision of a grant, the Government of New Brunswick has no further commitment to the applicant. The Government will not be held responsible for the completion of an activity.

I agree to acknowledge the contribution of the Government of New Brunswick in all publicity related to our activities.

I certify that this application and the budget included with the request have been approved by the Board or by the Executive of the organization.

I certify that I have signing authority for the above-named organization, and that, to the best of my knowledge, the information provided with this application is accurate. I agree to provide the Department with a full report of the completed activities, including financial statements.

_____	_____
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