

**COMMUNITY MUSEUMS ASSISTANCE PROGRAM**

Legal Name of Organization			
Date of Incorporation and Number			
Charitable Tax Number (if applicable)			
Address (Museum)			
City or Town		Postal Code	
Contact (Name)		Telephone (Museum)	
E-mail (Museum)			

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



**Applications and all required supporting material must be sent electronically to:**

**[archaeology-heritage@gnb.ca](mailto: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 of members in your organization (if applicable)			
1.2	Membership fee structure			
1.3	Number of volunteers			
1.4	Total number of hours given by all volunteers for the past year			
1.5	Number of paid staff (i.e., on the organization's payroll, <u>excluding those funded through employment programs</u> ) Please open the MS Excel Form and select tab 1.5 "Paid Staff".	Full-time		
		Part-time		
		Casual/Contract		
1.6	For each committee within your organization, please provide an activity report summarizing their goals and achievements over the past year. Please include a list of members for each committee.			
1.7	Please attach and describe the current Board composition, including names, roles, address, and telephone numbers. Describe how new Board members are identified and appointed.			

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 (as of April 15) ☐
- President's report ☐
- Treasurer's report ☐
- Minutes of the **most recent** annual general meeting (as of April 15) ☐
- Copy of your Strategic Plan ☐

## 2.0 Information on activities offered by your organization

2.1 Describe and give programming details for the request year. Include proposed operating dates, special activities and events. Describe new initiatives you are hoping to accomplish. Explain how these will support your organization's goals as outlined in your Strategic Plan.



2.2	Attendance at your institution last year					N.B.		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
	Number of school groups at your institution during the last year								

Please provide whole numbers. Do not include percentages. The total will calculate automatically.

Please describe the methods used to track visitation numbers as well as point of origin:

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2.3	When was your institution open to the public?		All year long				
	Period (e.g., May 15 – September 29) *Please be specific*		Hours/Day	Days/Week	By appointment		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
	How do you communicate your institution's open hours and availability to the public?						
2.4	Did you provide services in both official languages?						
	Interpretation or tour guide	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exhibits (panels, labels)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marketing, social media	Yes <input type="checkbox"/> No <input type="checkbox"/>	Programming & activities
2.5	Provide the linear measurement (in metric) <sup>1</sup> of material in your archival collection						
	Provide the number of artifacts in your museum collection						
2.6	Did you add any items to your collection during last year?			No	Yes <input type="checkbox"/> (Please attach a list)		
2.7	Under your research and publication program, please list below details with respect to books, newsletters, journal articles, or other forms of material your organization published last year <u>based on new or original research</u> . Please supply copies of those publications listed.						
2.8	Number of employees funded through employment programs. Please open the MS Excel Form and select tab 2.8 "Employment Programs" to detail these positions.						

**3.0 Professional development and training during last year.** List of professional development opportunities provided to staff, volunteers, or board members in the previous year.

Participant(s)	Name of training course/webinar	Provided 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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<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 the year's operation			
Held an annual general 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)	<input type="checkbox"/>	<input type="checkbox"/>	
Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Programs and Outreach Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibition Development Plan	<input type="checkbox"/>	<input type="checkbox"/>	
*Acquisition Policy	<input type="checkbox"/>	<input type="checkbox"/>	
*Collections Management Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Integrated Pest Management Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Plan and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Human Resources Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Communication and Marketing Strategy	<input type="checkbox"/>	<input type="checkbox"/>	
Facility/Building Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

\*Documents marked with an asterisk are required in order to be considered for funding.

**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"/>
Marketing / Tourism promotion	<input type="checkbox"/>	Exhibit development	<input type="checkbox"/>
Equity, diversity, and inclusion	<input type="checkbox"/>	Accessibility	<input type="checkbox"/>
Other: _____			

**AGREEMENT AND ACKNOWLEDGEMENT:**

I acknowledge that the above-named organization adheres to the New Brunswick *Heritage Conservation Act*, the Canadian Museums Association's *Ethics Guidelines* and, when applicable, follows the recommendations and guidelines of the Canadian Conservation Institute.

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