


PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT IN MUSEOLOGY PROGRAM

<input type="checkbox"/> <u>Part 1: Professional Development</u>		<input type="checkbox"/> <u>Part 2: Organizational Development</u>	
Grant requested	\$	For Office Use Only Grant approved	\$

1. APPLICANT INFORMATION

Legal Name of Organization			
Address (Org.)			
City or Town		Postal Code	
Telephone (Org.)	(506) -	Telephone (contact person)	(506) -
E-mail (Org.)			

2. PROJECT DESCRIPTION

Please **attach**  **all documents** which describe the proposed workshop, seminar or conference, the appropriated dates, the name of the facilitator or trainer, the location.

Indicate how it will improve the effectiveness and enhance the professional and/or organizational skills of those who participate.

3. PROJECT BUDGET

Expenditures:	
Registration fees:	
Accommodation (maximum \$90. per person per night):	
Transportation (airfare, train or bus):	
OR	
\$0.41 x kilometres:	
Local transportation (taxi, parking, tolls):	
Total expenditures:	\$
Revenues:	
A- Government contributions:	
Provincial government:	
Federal government:	
Municipal government:	
Other (specify):	
B- Other sources of revenue:	
Financial contribution of applicant organization:	
Private sector contribution:	
Total revenues:	\$
GRANT REQUESTED:	\$

Note: For the current fiscal year, the financial contribution may attain 100% of eligible costs, to a maximum of \$1 000 per institutional application. **Please keep all receipts in case we ask to see them.**

Depending on the number of applications, more than one request per institution per year may be considered.

4. DECLARATION OF APPLICANT

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 disqualified if it is incomplete, and that projects or parts of projects started or completed before application is received will not be funded retroactively.

I recognize that applications are approved subject to availability of funds, and 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 understand that the funds must be used as specified in the application and approved project, and that I will reimburse the funds in the case of a cancelled project. I agree that my project will be completed by March 15 of the current fiscal year, and a final report will be submitted to the Department after the project is completed.

I agree to acknowledge the financial contribution of the Government of New Brunswick in all publicity related to the activities of the proposed project, if applicable.

I certify that this organization is based in New Brunswick, 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.

_____	_____
Name	Title
_____	_____
Signature	Date

Note: 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.

This completed signed application and all required supporting material must be sent electronically to: museum@qnb.ca

APPLICANT'S CHECK-LIST

- Resume (s) of the trainer (s)
- Detailed information and objectives on the activity
- List of the person (s) participating in the session
- Evaluation measures process planned for the objective's session

<p>Archaeology and Heritage Branch Tourism, Heritage and Culture Marysville Place P.O. Box 6000, Fredericton, N.B. E3B 5H1</p>
