



MUSEUM COLLECTION INVENTORY PROGRAM
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Legal Name of Organization			
Address (Museum)			
City or Town		Postal Code	
Telephone (Museum)	(506) -	Telephone (contact person)	(506) -
E-mail (Museum)			

APPLICATION DEADLINE: APRIL 15

1. TERMS OF AGREEMENT

On behalf of the organization that I represent, I agree to participate in the Museum Collection Inventory Program and to submit the following to Heritage Branch by March 31st of the current year:

- For museums **NOT** using *CollectiveAccess*, a copy of the collection inventory showing artefacts owned by our museum. This information could be a backup of our database (computerized collection) or if not applicable examples from our manual registration procedures in paper format;
- A filled-out final report of collection management activities incurred for the grant year;
- An expense report specific to the project;
- Upload at least a minimum of fifteen (15) new artifact records from their collection, including images, to the Artefacts Canada database which is maintained by the Canadian Heritage Information Network (CHIN) by March 31st of the current fiscal year.


2. WORK PLAN

Please indicate what collections management activities will be carried out during the fiscal year with regards to the collections.

3. PROPOSED BUDGET FOR THIS INVENTORY PROJECT	
Direct Expenditures	Projected Budget
Salaries and benefits	\$
Equipment and supplies	\$
Travel	\$
Other costs (specify):	\$
Total Expenditures:	\$
Monetary Revenues	
Government Contributions	
Provincial Government (grant requested)	\$
Other (specify):	\$
Non-Government Contributions	
Applicant organization's financial contribution	\$
Other (specify):	\$
Total Expenditures:	\$

- We would like to receive some support in the manual cataloguing process to start up our collection inventory project.
- We would like to receive some support in the usage of *CollectiveAccess*.

4. NAME(S) OF PERSON(S) WITH SIGNING AUTHORITY

▪ Attach authorization (extract from minutes, resolution, etc.) specifying that the funds will be used as specified in the application 

_____	_____
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@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 below.

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