

**Professional and Organizational Development
FINAL REPORT
Tourism, Heritage and Culture
Archaeology and Heritage Branch
Museum Services**



1. Organization information:

Name of organization			
Contact person		Telephone	(506) -

2. Grant component (please check):

<input type="checkbox"/> <u>Part 1: Professional Development</u>	<input type="checkbox"/> <u>Part 2: Organizational Development</u>
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3. Which members from your organization participated in this opportunity? If applicable, please include the names of the organizations from your museum network zone who also participated in this opportunity:

4. Brief description of the workshop, seminar, or conference including dates, name of the facilitator or trainer, and location:

5. How has this opportunity improved the effectiveness and enhanced the professional and/or organizational skills of your organization?

6. How will the knowledge and resources gained through this opportunity be transferred to others in your organization? (Staff, board members, volunteers, etc.)

7. Financial statements (please complete the table below). **Keep all original receipts in case we ask to see them.**

EXPENDITURES:	
	\$
	\$
	\$
	\$
Total expenditures:	\$
REVENUES:	
Government contributions:	\$
	\$
Other sources of revenue (specify):	\$
	\$
Total revenues:	\$
BALANCE:	
	\$

I _____ AFFIRM THAT the information in this report is accurate and complete and that the final budget is fairly presented. I understand that the information provided may be subject to evaluation by the government and that it may be accessible under the *Right to Information Act*.

Authorized Signature

Position

Date

This completed signed report must be submitted electronically to: museum@gnb.ca

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