

MAKE HISTORY.

Preserve Manitoba's Past.

Historic Resources Branch
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Historic Resources Date Stamp

MANITOBA SPORT, CULTURE, HERITAGE AND TOURISM COMMUNITY MUSEUM GRANTS: APPLICATION FORM

DEADLINE: Applications must be **completed in full** and be postmarked, faxed or emailed, **on or before June 1**. Due to limited funds, late or incomplete applications may not be funded.

Please read the Program Guidelines prior to completing an application. Where necessary, attach additional sheets or include supporting material.

The following must be included with your application. Please check (✓) boxes:

- Financial Statements (Previous Year, Current Year and Planned Budget)
- Annual Report of Activities (or Minutes of Annual Meeting)

INFORMATION ABOUT THE APPLICANT:

Name of organization (<i>exact legal name is required</i>)		
Organization's mailing address		
City/Town	Province	Postal Code
Organization Telephone	Organization Fax	Organization Email
Contact Person		
Telephone	Email	

FOR DEPARTMENT USE ONLY:	GRANT RECOMMENDED \$ _____
LEVEL _____ REGION _____	DATE REVIEWED _____

Please Note: For both Level I and Level II grant applications, grants calculated at less than \$100.00, will not be processed.

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Status of Museum:

- Incorporated Non-Profit Operated by a Historical Society
 Operated by a Local Government or Indigenous Government

Other (explain):

Date of the museum's annual meeting: _____

Number of days open to the general public in the past year
Level I (minimum 30 days); Level II (minimum 60 days)

Number of hours open to the general public in the past year
Level I (minimum 120 hours); Level II (minimum 240 hours)

Total visitation to the museum in the past year

In order to be eligible for assistance, the museum must own 50% or more of its collections. What percentage of its collections does the museum own?

Number of museum volunteers in the past year

Number of volunteer hours contributed to the museum in the past year

Please indicate the Months, Days of the Week, and Hours of the Day that the museum intends to be open to the public for the coming year.

Are you willing to receive your grant payment via electronic deposit direct to your financial institution? Yes No

If yes, have you downloaded, completed and included the vendor request for Direct Deposit Payment Form (<http://www.gov.mb.ca/finance/direct.html>) with your Community Museum Grants Program application? Yes No

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Level I Museums

on file

attached

Statement of Purpose

Level II Museums must have completed the following documents and have them on file with the Department:

on file

attached

Statement of Purpose

Collections Policy

Cataloguing/Registration Procedures

Deaccessions Policy

Basic Conservation Policy

NOTE: Documents need not be resubmitted unless there have been changes since they were last prepared. Historic Resources will contact museums on a random basis to assess effectiveness of policies in serving museum needs.

Level I and Level II Museums, please list any major expenditures (if any) that the museum expects to make in the next three years (over and above normal operating expenses). If none, write "none".

Principal Officers (list Council or Board Executive, with titles):

DECLARATION (to be signed by two officers of the museum):

We certify that to the best of our knowledge the information provided in this application is accurate and complete and is endorsed by the organization which we represent.

We declare that we will abide, in all respects, with the conditions specified in the program guidelines and elsewhere that relate to any assistance that might be provided to our organization under this program.

Signature: _____

Signature: _____

Name: _____

Name: _____

Position: _____

Position: _____

Date: _____

Date: _____

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STATEMENT OF REVENUES

Museum Name: _____

IMPORTANT: If your museum does not have its own financial statement, you may use this form. If you have your own statement, please ensure that it contains all information requested on this form including, the source of funds for all grants received, and the required signatures.

REVENUES	Previous Year	Year Being Reported	Next Year Planned
Admissions			
Sales, Rentals, Concessions			
Memberships			
Donations			
Program Revenues			
Interest			
Other Revenues (list)			
Local Government Grants			
Community Museum Grants Program*			
Provincial Grants* Program Name:			
Program Name:			
Program Name:			
Federal Grants* Program Name:			
Program Name:			
Program Name:			
Other Grants (list)			
TOTAL REVENUES			

*Grants from federal or provincial sources are not counted when your operating grant is calculated.

The Level I grant is calculated as 90% of locally-raised funds*, up to the maximum for the level. Maximum funding for a Level I grant is: \$1,350.

The Level II grant is also calculated as 90% of locally-raised funds*, up to 45% of normal operating expenses, or the maximum for the level.

Maximum funding for a Level II grant is: \$3,150.

(Please see CMGP guidelines for detailed information on locally-raised funds).

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STATEMENT OF EXPENSES

Museum Name: _____

EXPENSES	Previous Year	Year Being Reported	Next Year Planned
Wages and Benefits			
Utilities (heat, lights, telephone, water)			
Taxes			
Insurance			
Materials and Supplies (non-capital costs)			
Routine Maintenance Costs			
Exhibits			
Building Repairs and Improvements (capital costs)**			
Collections Acquisition**			
Other (list)			
TOTAL EXPENSES			
SURPLUS/(DEFICIT)			

**Capital expenses and purchase of collections are not eligible for support.

To the best of our knowledge, this financial statement is a full and correct account of the museum's revenues and expenses for the period:

_____ to _____
 Month Day Year Month Day Year

Financial statement prepared by:

 Name, Title

 Signature

Names, titles and signatures of two authorized representatives of the organization:

 Name, Title

 Signature

 Name, Title

 Signature

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COMMUNITY MUSEUM ANNUAL PLAN

Museum Name: _____

	Report Previous Year Results	Actual Expenses \$	Plan For Current Year	Budget Amount \$
Collections Management				
Conservation and Restoration				
Research				
Exhibits				
School and Public Programs				
Special Events				
Administration and Management				
Other				

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VOLUNTEER HOURS TRACKING SHEET

Name: _____

Phone Number: _____

Address: _____

Date	Start Time	End Time	Total Hours	Activity	Signature
Total Hours					

NOTE: Please do NOT mail this in with your application. It is a tracking sheet for your internal use only and does not need to be submitted.