# 2024 Application Form Preview

## Organization information

Please complete your contact information below.

**Organization Name**

**Contact First Name**

**Contact Last Name**

**Region (Dropdown list)**

* Vancouver Island
* Lower Mainland / Southwest
* Northeast
* North Coast
* Nechako
* Cariboo
* Kootenay
* Thompson – Okanagan

**City**

**Email Address**

**Phone Number**

## Activity criteria

## To qualify for a grant, you must meet the following criteria:

**Eligibility** (Dropdown list – select one)

You (or your organization) must be a current B.C. Museums Association member in order to be eligible for this grant.

[NOTE: First Nations groups and Indigenous Cultural Centres are encouraged to apply. If obtaining membership with the BCMA is a barrier to your organization, the BCMA may waive this part of the criteria. Please get in touch if this is a concern: [development@museum.bc.ca](mailto:development@museum.bc.ca).]

* My organization is a current BCMA member.
* My organization is not a current BCMA member, but we wish to be considered for this grant program.

**Eligibility** (Checkboxes – select all)

* The proposed activity takes place within the applicant’s community.
* The proposed activity takes place during BC Family Day long weekend (i.e. February 16, 17, 18, or 19, 2024).
* The proposed activity is free and accessible to everyone and all ages.
* The proposed activity is family-oriented.
* The proposed activity will be designated and "branded" as a Family Day activity.

## Activity information for grant review and processing:

**Activity Name**

**Activity Type**

* Online
* In-Person
* Hybrid

**City where the activity will occur:**

**Name of the facility or venue where the activity will occur:**

**Start / End date of activity:**

**Expected number of participants:**

**Amount of grant applied for:**

**Brief description of the activity:** (200 words limit)

**Please describe the anticipated impact of this activity to your community:** (200 word limit)

**Please describe the anticipated impact of this activity to your organization:** (100 word limit)

## Budget Information

Please provide a budget of anticipated expenses for your **full activity – not just how requested funds will be allocated.**

Provide dollar amounts where appropriate. You do not need to submit a value for each category.

Please note that your requested amount must only cover a portion of the Family Day activity.

[Provide a dollar amount for the **total anticipated expenses** of the activity]

* Recovering free-admission
* Covid-19 Safety
* Artist Fees
* Honoraria
* Facility fees
* Software/equipment
* Food/refreshments
* Materials
* Staffing
* Marketing
* Other (Please describe)

Which of the budget categories will you apply these grant funds?

**[Check the boxes where you will apply BCMA Family Activity Grant funds]**

* Recovering free-admission
* Covid-19 Safety
* Artist Fees
* Honoraria
* Facility fees
* Software/equipment
* Food/refreshments
* Materials
* Staffing
* Marketing
* Other

## Financial information

[NOTE: Providing the information below does not guarantee or signify in any way that your application has been approved. Application adjudication results will be communicated to you by email.

If you are selected to receive funds you will be required to provide us with your organization’s financial institution information so that we may send your funds via e-transfer.

Please confirm that you have access to the following information so that we can create an e-transfer.

I have access to the following in order to receive an e-transfer for my organization:

• access to online or mobile banking

• email address or mobile number

• bank in Canada

I will be able to provide BCMA with the above financial information if my organization is awarded a grant Y / N

**Declarations:**

[check boxes]

After Approval: Should your application be approved, you will be sent an intake form to submit information that will be available as a public-listing for your activity.

* I acknowledge that I will provide public activity information after receiving notice of an award.

After the Activity: Should your application be approved, you will be required to complete a brief final report about your activity, grant allocation, and the number of community members who attended. Photos of your activity in progress are encouraged but not mandatory.

The report template will be sent to you with your grant award.

* I agree to provide such a post-activity report including a brief statement, attendance numbers, and photo (if available).

All BCMA members receiving funding commit to

* providing, creating, and/or contributing to safe and respectful working conditions and to fostering a workplace free from discrimination, harassment, and sexual misconduct;
* acting in the best interests of the publics’ trust;
* to support the goals set out by the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). To achieve these goals, the BCMA encourages members to embrace the ideals of the [Rob Naknakim Declaration](about:blank) and incorporate them into their professional practices.

**The BCMA also encourages botanical and zoological gardens, aquaria and vivaria in its membership to uphold the care standards set forth by the** [**Canada’s Accredited Zoos and Aquariums (CAZA)**](about:blank)**.**

**Members (individual or institutional) who engage in conduct that is unbecoming or inconsistent with the mission and values of the Association may be made ineligible for BCMA funding and programming opportunities, and in breaches in the code of conduct may result in members being expelled from the BC Museums Association, as outlined in the** [**BCMA Bylaws**](about:blank)**.**

* **We agree to uphold the BCMA Member Code of Conduct.**
* I am authorized to submit this application on behalf of the organization and/or activity organizers that I am representing.
* All information submitted with this application is complete, accurate and true.