

Repatriation Grant Application

Please type or print clearly in black ink – 12-point font or larger

Section 1 – Contact Information

First Nations

CONTACT NAME

TITLE

NATION

ORGANIZATION

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

CELL

PHONE

EMAIL

WEBSITE

Museum / Institution

CONTACT NAME

TITLE

MUSEUM OR INSTITUTION

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

CELL

PHONE

EMAIL

WEBSITE

For Administration Use Only

APPLICATION RECEIVED BY

APPLICATION REFERENCE NUMBER

DATE DD/MM/YYYY

TIME



Section 2 – Project Summary

Project Summary (Who, what, when, where) maximum 30 words

PROJECT START DATE

PROJECT END DATE

TOTAL PROJECT BUDGET

GRANT APPLICATION REQUEST

Region (where the project will take place)

- North Coast (including Haida Gwaii)
- Lower Mainland (including Fraser Valley)
- Central Coast (including West Coast and North Vancouver Island)
- North Interior (Prince George & North)
- South & Central Interior
- South Vancouver Island (Nanaimo & South)
- Other _____

How did you hear about us? Check all that apply.

- Word of mouth
- Social media
- Website
- Repatriation Symposium 2017
- First Peoples' Cultural Council
- Met a Royal BC Museum employee at an event or workshop _____
- Other _____

Section 3 – Project Description

Describe the repatriation project. Up to two (2) additional pages and support material can be attached.

A. Organization Description

B. Years as an active organization _____

C. Museum or institutional description

Provide a short description of the museum or institution you are working with on this project.

D. Project Participants

Provide biographical information for the main people involved from the First Nations and the museum or institution.

E. Project Description

Describe your repatriation project (who, what, when, where, and how.)

F. Project Timeline

F. Traditional Language

Describe how you will include your traditional language in the repatriation project.

Section 4 – Project Impact

A. Describe how this project will impact the community.

B. Describe the reconciliation impact of this project.

Section 5 – Project Budget Expenditures

Description	Expenditures Funded By Repatriation Grant A	Expenditures Funded From Other Sources B	Total All Project Expenditures C = A + B	Line #
FEES/SALARIES /HONORARIA NAME _____	\$	\$	\$	101
OTHER FEES/SALARIES /HONORARIA NAME _____	\$	\$	\$	102
MATERIALS AND SUPPLIES (DESCRIBE/LIST)	\$	\$	\$	103
TRADITIONAL LANGUAGE INCLUSION (DESCRIBE)	\$	\$	\$	104
TRAVEL (DESCRIBE)	\$	\$	\$	105
OFFICE or WORKSHOP SPACE RENTAL	\$	\$	\$	106
EQUIPMENT RENTAL (DESCRIBE)	\$	\$	\$	107
OFFICE SUPPLIES (DESCRIBE)	\$	\$	\$	108
PROMOTION/ADVERTISING (DESCRIBE)	\$	\$	\$	109
COMMUNICATIONS (PHONE, INTERNET, ETC)	\$	\$	\$	110
TOTAL EXPENSES	\$	\$	\$	111

Total above must equal Repatriation Grant Application

Section 6 – Project Budget Revenues

Government Grants (If Applicable)	Confirmed	Unconfirmed	Date To Be Confirmed	Amount	Line #
PROVINCIAL GOVERNMENT (DESCRIBE)				\$	200
FEDERAL GOVERNMENT (DESCRIBE)				\$	201
LOCAL GOVERNMENT (DESCRIBE)				\$	202
OTHER (DESCRIBE)				\$	203
SUB-TOTAL GOVERNMENT GRANTS				\$	204

Private Sources (If Applicable)	Confirmed	Unconfirmed	Date To Be Confirmed	Amount	Line #
FUNDRAISING (DESCRIBE)				\$	205
CORPORATE (DESCRIBE)				\$	206
SPONSORS (DESCRIBE)				\$	207
INDIVIDUALS (DESCRIBE)				\$	208
IN-KIND CONTRIBUTIONS (DESCRIBE)				\$	209
OTHER (DESCRIBE)				\$	210
SUB-TOTAL PRIVATE SOURCES				\$	211
TOTAL REVENUES ALL SOURCES (EXCLUDING REPATRIATION GRANT) (line 204 plus 211)				\$	212
TOTAL EXPENSES (Line 111 From Table 5)				\$	213
ROYAL BC MUSEUM REPATRIATION GRANT REQUEST (Line 213 minus 212)				\$	214

Section 6 – References

NAME

TITLE

INSTITUTION OR NATION

PHONE

EMAIL

NAME

TITLE

INSTITUTION OR NATION

PHONE

EMAIL

Section 7 – Application Checklist

A completed checklist must be included with your application.

- Please check the boxes below to confirm that you have completed all parts of the application form and have attached the required support material
- Type, print or word-process all documents, using black ink (no pencil) and/or format your document to have font size 12pt.
- Print on only ONE SIDE of white 8½ x 11 inch paper

- A fully completed and signed application form (including this checklist)

- A detailed timeline describing all project activities and who will be involved

- CVs, resumes and/or biographies for all key participants

- A project budget, which details all anticipated expenses and revenues from all sources. Provide notification dates for unconfirmed resources

- A letter from the museum or institution confirming their commitment to the repatriation project

- Two current letters of support specifically for this applicant and proposal. List these references

- A band council resolution (BCR) or letter from the Tribal office or band council confirming their commitment to the repatriation project and delegating the contact person for the project

Section 8 – Declaration

By signing this form, I do solemnly declare that, to the best of my knowledge, the information given in my application is complete and true in every respect.

Furthermore I acknowledge that the collection, use and disclosure of any personal information provided here is subject to the British Columbia Personal Information Protection Act and that by signing this form I agree to the following:

- Information included in this application will be shared in confidence with staff and members of the First Nations Advisory and Advocacy Committee (FNAAC) for the purposes of adjudicating our request for a repatriation grant.
- Contact information included in the application may be used by representatives of the Royal BC Museum (RBCM) to communicate about this application, and if applicable, about the project and its results arising from the awarding of a repatriation grant.
- Information included in this application may be used to acknowledge grant recipients in various communications and promotional vehicles, including but not limited to RBCM websites and annual reports. These reports communicate the value and successes of the program to the public.
- Finally, contact information included in this application may be provided to an affiliated researcher or consultant for the purposes of obtaining information on the repatriation program for evaluation purposes. This will facilitate RBCM's commitment to self-evaluation and program improvement.
- Personal and contact information included in your application will not be shared with general mailing lists, private companies or commercial solicitors.
- I understand that the RBCM may audit our accounts and records to ensure compliance with the terms and conditions of the funding agreement.

PRINT THE NAME OF THE APPLICANT ORGANIZATION

SIGNATURE OF APPLICANT OR CONTACT PERSON

DATE DD/MM/YYYY

PRINT NAME

SIGNATURE OF OF CHAIR/PRESIDENT/AUTHORITY (IF APPLICABLE):

DATE DD/MM/YYYY

PRINT NAME

I consent to allowing Royal BC Museum to use photos and other documentation of the repatriation project for promotional purposes.

Yes No

INITIAL