

VIRTUAL MUSEUM OF CANADA (VMC)

COMMUNITY MEMORIES PROGRAM PROPOSAL FORM

(October 2009)



Canadian
Heritage

Patrimoine
canadien

Canada 

VIRTUAL MUSEUM OF CANADA (VMC)
COMMUNITY MEMORIES PROGRAM
PROPOSAL FORM

Please refer to the *COMMUNITY MEMORIES PROGRAM* GUIDELINES when completing the proposal.

NOTE: HANDWRITTEN PROPOSALS WILL NOT BE ELIGIBLE FOR CONSIDERATION

Please send as follows:

By mail to:

Canadian Heritage Information Network (CHIN)
Attention: *VMC Community Memories Program*
15 Eddy Street, 4th Floor (15-4-A),
Gatineau, Quebec K1A 0M5

or

By fax:

VMC Community Memories Program Officer
Fax: (819) 994-9555

or

By e-mail:

VMC Community Memories Program
E-mail: service@chin.gc.ca

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A _____
IDENTIFICATION OF THE LEAD INSTITUTION

PART A: Please complete the following questions.

1. Identification

Name of Institution: _____

Mailing Address: _____

City: _____

Province or Territory: _____

Postal Code: _____

Telephone Number: _____

Fax Number: _____

E-mail of Institution: _____

Website URL: _____

Person with Signing Authority:
(Mr./ Mrs./ Ms.) _____

Title / Position: _____

Telephone Number: _____

Off-Season Telephone Number: _____

E-mail: _____

Contact Person:
(Mr./Mrs./Ms.) _____

Title / Position: _____

Telephone Number: _____

Off-Season Telephone Number: _____

E-mail: _____

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2. Is the lead institution a member of the Canadian Heritage Information Network (CHIN)?
YES [] NO []
3. a) How many full-time paid employees does the institution have? _____
b) How many volunteers? _____
4. Is the institution registered with the Canada Customs and Revenue Agency as a charitable organization?
YES [] NO []
5. Is your institution affiliated with a municipal, provincial or federal government?
YES [] NO []

Which one: Federal [] Provincial [] Municipal []

If yes, please provide the GST exemption number: _____

If no, you MUST provide a business and/or GST number

Business number: _____

GST number: _____

6. Have you consulted the *Community Memories* software samples provided on the CHIN Website?
YES [] NO []
7. Have you consulted the exhibits on the *Community Memories* section of the Virtual Museum of Canada?
YES [] NO []
8. Has the institution received funding previously from the VMC (*Community Memories*, VMC Investment Program and/or the AGORA Research Initiative)?
YES [] NO []

If yes, please identify the program.

Community Memories Program []
VMC Investment Program []
AGORA Research Initiative []

9. If your institution has received previous funding from the *Community Memories* Program, please identify all other exhibits completed under this program.

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B _____
DESCRIPTION OF PROPOSED EXHIBIT

PART B: This section allows you to describe the exhibit your institution anticipates creating. The answers will allow us to evaluate how your museum's proposal meets the program criteria.

NOTE: For the following questions, please attach a separate page if additional space is required.

1. **Title of exhibit:** _____

2. **Exhibit theme (topic) not to exceed three lines.**

3. **Description of proposed exhibit (between 300 and 500 words).**
The description should depict the Who, What, Where and When of your exhibit and should focus on **one** particular aspect of your community's history or way of life. Explain how the production will bring this story to life. Please use separate page for the description.

4. **Does the "community memory" described in this exhibit take place in a specific location (e.g. village, town, city, etc.)?** YES [] NO []
 If yes, please state where. _____
 If no, please explain. _____

5. **Please provide a brief description of the proposed types of content and the sources of content:**
 - a) **Types of contents** (e.g. images, text, oral reminiscences from the community, commentaries about the images and photos used, audio, other media);
 - b) **Content providers** (museums, associations, groups, individuals, schools, etc.);

6. **What other uses will you make of the exhibit?**

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C

EXHIBIT PRODUCTION

PART C: In this section, you will be demonstrating how your proposal meets the criteria pertaining to community involvement during the production phase of the exhibit.

1. **Who in your organization will be directly involved in the development of the exhibit?**
Describe the role(s) they will be assuming.

2. **How will the community be involved in the project?**
Written confirmation (letters of support) from all community organizations and/or individuals that will participate in the project must be provided. Please include name and contact information with the proposal form.

3. **Will there be inter-generational participation in the creation of the exhibit?** (e.g. youth interviewing seniors)
YES [] NO []

Please explain.

4. **Has other funding or “in-kind” support been identified for the development of the exhibit?**
YES [] NO []

If yes, please specify.

D

PRODUCTION PLAN

PART D: The information provided in this section is essential to the demonstration of exhibit planning.

1. **Please provide a plan for the production of your exhibit on a separate page (see example on following page). It is essential that all tasks required to complete the exhibit be identified and developed (within a 9 month period).**

NOTE: It takes approximately three months from the proposal deadline date for the completion of the evaluation process and issuing of contracts. An exhibit must be completed and submitted to CHIN within 9 months of the signature of the contract between CHIN and the museum.

2. **How will the exhibit be promoted within the community?**
 - a) During production
 - b) After completion

SAMPLE

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PRODUCTION PLAN

TASK: Planning and Researching

TIME FRAME: Months 1 - 2 (following signature of contract agreement)

ACTION:

- Establish project milestones and periods for progress assessments
- (...), etc.

TASK: Collecting and Selecting Contents

TIME FRAME: Months 2 - 4

ACTION:

- Interview individuals in community and obtain signed copyright release forms for use of interviews in exhibit
- (...) , etc.

TASK: Digitizing and Entering Content into Software

TIME FRAME: Months 4 - 8

ACTION:

- Digitize and catalogue image files
- (...), etc.

TASK: Validating Content / Quality Control

TIME FRAME: Month 9

ACTION:

- Verify texts
- (...), etc.

I, the undersigned, hereby certify that all the information provided to the Canadian Heritage Information Network in support of this proposal is true and complete.

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Signed this _____ day of _____

Signature of Person with
Signing Authority for the Institution

Title

Name (please print)

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