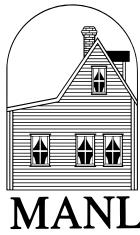


Application for Funding Support



Museums Canada Summit – April 2026 | St. John's

Funding is provided by the **Department of Tourism, Culture, Arts, and Recreation** and is available on a **first-come, first-served basis**, subject to available funds.

1. APPLICANT INFORMATION

Name of Applicant: _____

Name of Museum / Heritage Institution: _____

Position / Role: _____

Email: _____ Phone: _____

2. ATTENDANCE

Will you be attending the Museums Canada Summit in St. John's in April 2026?

Yes

Are you requesting funding support from MANL?

Yes

Do you require early confirmation of funding in order to attend?

Yes - I understand this will be issued as a Conditional Funding Approval Letter for planning purposes.

No

3. ESTIMATED ELIGIBLE EXPENSES

Reimbursed at 50% to a maximum of \$500 per delegate in Phase 1, with potential Phase 2 top-up.

For registration fees, please see museumscanada.ca/stjohns-2026.

| Expense Category | Estimated Cost (\$) |
|--|---------------------|
| Delegate Registration | _____ |
| Accommodation (up to 2 nights @ \$154/night + tax) | _____ |
| Travel | _____ |
| Total Estimated Costs | _____ |



4. FUNDING ACKNOWLEDGEMENT

Please read and check all that apply:

I understand that funding is provided on a **first-come, first-served basis**, subject to available funds.

I understand that **eligible expenses are reimbursed at 50%**, to a maximum of **\$500 per delegate** in Phase 1.

I understand that **any remaining funds may be reallocated in Phase 2** to approved delegates to cover additional eligible expenses, up to a revised per-delegate maximum.

I understand that reimbursement will be issued **only upon submission of receipts**.

I understand that any remaining costs must be covered by me or my organization.

I understand that if I requested early confirmation, a **Conditional Funding Approval Letter** will be issued to assist with planning and securing attendance.

5. DECLARATION

I confirm that the information provided in this application is accurate and that I am a **member in good standing** with the Museum Association of NL.

Full Name: _____ Date: _____

6. SUBMISSION INSTRUCTIONS

Please submit the completed form to: programs@museumsnl.ca

Applications will be reviewed and approved on a **rolling basis** until the **\$15,000 funding envelope** is fully allocated.

Phase 2 top-ups will be considered after the initial allocation period and **prioritized based on demonstrated need and remaining available funds**.

MANL INTERNAL USE ONLY

| Item | Details | |
|---|---------|----|
| Application Received Date | | |
| Conditional Approval Issued? | Yes | No |
| Funds Reserved for Conditional Approval | | |
| Phase 2 Top-Up Approved (\$) | | |
| Reimbursement Issued (Date & Amount) | | |
| Remaining Balance of 15K | | |
| Approved By | | |