CANB Grant Program

In-House Digitization, Reformatting, or Migration

2020 - 2021

# Application Form

**1.0 General Information**

|  |  |
| --- | --- |
| Name of Institution |  |
| Project Lead |  |
| Phone # |  |
| Email Address |  |
| Civic Address |  |
| Website |  |

* 1. Is your Institution’s Mission Statement / Mandate on file with CANB?
* Yes
* No
* It’s been updated
  1. Was this application reviewed by or discussed with the Archives Advisor?
* Yes
* No

**2.0 Project Proposal**

|  |  |
| --- | --- |
| Project Title |  |
| Proposed Start Date |  |
| Proposed Completion Date |  |

2.1 Describe the project.

* Describe the records involved in the proposed project: fonds / collection name, source of acquisition, dates, physical extent (expressed in cm or m), type of records (textual, photographic, cartographic / architectural, and / or sound recording and moving images), etc.
* Why does your institution want to digitize, reformat, or migrate these records?
* How does your institution plan to store the newly digitized, reformatted, or migrated records?
* How does your institution plan to use the records once they are digitized, reformatted, or migrated?
* How will the project increase access to New Brunswick’s documentary heritage?
* Who are your project partners? (If applicable)

2.2 When were the records donated to your institution?

2.3 Does your institution have a Deed of Gift for the records?

* Yes
* No
* Its complicated

2.3.1 If you answered It’s complicated, please explain why.

2.4 In the Deed of Gift, was the copyright of the records transferred to your institution?

* Yes
* No

2.5 In the Deed of Gift, were other rights (display, migration, and / or publication (online and in print)) of the records transferred to your institution?

* Yes
* No
* Not sure

**3.0 Budget**

|  |  |  |
| --- | --- | --- |
| Number of hours to digitize records | |  |
| 1 | Pay for Employee to Digitize Records  (Rate of pay x Number of hours to digitize records) |  |
| 2 | MERC - Mandatory Employment Related Costs: Payments that the employer is required by law to make in respect of participants including, but not restricted to, Employment Insurance, Canada Pension Plan, vacation pay, worker’s compensation, and/or health & dental insurance. (Each applicant will have to discuss this with their HR or can use the Payroll Deductions online calculator - <https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/payroll/payroll-deductions-online-calculator-pdoc-payroll-tables-td1s.html>  Note: Express it as a percentage (%) AND a cash figure for ease of calculation |  |
| 3 | In-kind application contribution (i.e. supervision of the project not to exceed 10% of total cost, assistance provided by volunteers, supplies already paid for by the applicant) |  |
| **Total Amount of Project**  (Add Lines 1, 2, and 3 together) | |  |
| **Total Amount Requested from CANB** | |  |
| **Amount from Project Partners (If applicable)** | |  |
| **Balance to be Covered by Institution** | |  |

**4.0 Job Description**

4.1 Please provide a job description for the person who will be tasked with the project.

**5.0** **Other Notes**

5.1 Is there anything else your institution wishes the Adjudication Committee to know about regarding this application?