

September 21, 2020

Report To: Mayor and Council

From: Aaron Bisson, Manager of Recreation and Culture

RE: Museums Assistance Program Emergency Support for Heritage

As noted in the report prepared by Beverly Cochrane the Museum Curator, an additional funding opportunity for the Museum has arisen. The grant is designed to help pay for ongoing operations, salaries, utilities, insurance among other operating costs. This is a welcome opportunity to add an additional \$28,858 to our funding for the Museum in 2020/2021.

I have included Bev's report below, along with the application that was sent out.

Recommendation

The Community Services Executive Committee recommends to Mayor and Council to authorize the submission of the 2020/2021 Museums Assistance Program for Emergency Support Fund for Heritage 2020/2021.

Respectfully Submitted,

Aaron Bisson

Aaron Bisson
Manager of Recreation and Culture

<p>Council approval of this report will agree to the recommendation of the Community Services Executive Committee to submit the 2020/2021 Museums Assistance Program for Emergency Support Fund for Heritage 2020/2021.</p>
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REPORT FOR COMMUNITY SERVICES EXECUTIVE COMMITTEE

Submitted by Beverley Cochrane

COVID-19 Emergency Support Fund for Heritage Organizations Application

On August 7, 2020 Beverley Cochrane, Curator was alerted to an emergency funding source; advised Aaron Bisson, Recreation & Cultural Manager on same day.

As the funding deadline was September 1, 2020; an application was submitted on August 20, 2020. Lisa Slomke has provided permission to submit application under the short turn around time with the understanding that a report was to be submitted to the Community Services Executive Committee.

To apply for the funding; the following documents were required:

- Proof that authorized representative has signing authority according to the organization's official operating policies (e.g. Bylaws, constitution, Board resolution or other document)
- Permission to submit on behalf of the Authorized Representative (attestation from Authorized Representative)
- Most recent Financial Statements (audited if available)
- Proof of Legal Status (letters patent/incorporation documents, constitution or bylaws), or in the case of an unincorporated association, a completed Unincorporated Applicant Acceptance or Liability Form

The funding is based on the previous years' expenditures of the Fort Frances Museum & Cultural Centre; therefore, with the predetermined funding formula, the application was in the amount of \$28,858.

Eligible expenses for funding include:

- ongoing operations;
- day-to-day collections management activities;
- salaries and wages;
- utilities;
- insurance;
- materials and supplies;
- minor capital costs (up to 10% of total amount awarded);
- other costs related to the care of the collection.

Attached is a copy of the Application, for formal approval and authorization.

Museums Assistance Program (MAP)

Application Form – Emergency Support Fund for Heritage 2020-2021 APP-9070E

IMPORTANT:

To complete this form electronically, please enter data in shaded areas. You may also print the form and complete Sections A, B and C manually. Please sign the Attestation Form (section E). The supporting documents listed in the Application Checklist (section D) must be submitted with the Application Form.

A. Applicant Information

Organization Name and Address

Full Legal Name of Organization as per incorporation documents (if incorporated)

Corporation of the Town of Fort Frances

Usual Operating Name

Fort Frances Museum & Cultural Centre

Former Name (if your organization previously applied for funding under another name)

Primary Address

Street 259 Scott Street	City Fort Frances	Province/Territory Ontario	Postal Code P9A 1G8
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Mailing address (if different from primary address)

Street 320 Portage Ave	City Fort Frances	Province/Territory Ontario	Postal Code P9A 3P9	P.O. Box
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Phone Number (807)274-7891	Ext.	Phone Type Office	Fax Number
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Website https://fortfrances.ca/experience/activities-amenities/museum	Email Address bcochrane@fortfrances.ca
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Official Language of Choice

In which official language do you wish to communicate? English

Do you belong to or serve an Official Language Minority Community? No

Contact for Official Correspondence

Name Elizabeth Slomke	Title Clerk
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Mailing address (if different from above)

Street 320 Portage Ave	City Fort Frances	Province/Territory Ontario	Postal Code P9A 3P9
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Phone Number (807)274-5323	Ext.	Phone Type Office	Fax Number	Email Address lslomke@fortfrances.ca
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Authorized Representative (signing authority)


Authorized Representative 1 (required)

Name Elizabeth Slomke	Title Clerk
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Street 320 Portage Ave		City Fort Frances		Province/Territory Ontario		Postal Code P9A 3P9	
Phone Number 807-274-5323		Ext. 		Phone Type Office		Fax Number 	
				Email Address Islomke@fortfrances.ca			
Organization Information							
Legal Status							
Are you incorporated or in the process of incorporating as a non-profit organization? Yes							
Yes ➡ Incorporation Status: Active							
Active ➡ Incorporation Number: 106984586RT0001							
Registration Date: 4/29/1903							
Jurisdiction Type: Provincial/Territorial - Ontario							
In process ➡ Application Date:							
No ➡ You may be required to fill out the Unincorporated Acceptance of Liability Form (in section F of this application form).							
<i>Please note that this form is only required for unincorporated groups that are not owned or controlled by a larger organization such as a university, municipality or an Indigenous governing body.</i>							
Has your organization registered with Canada Revenue Agency for a Business Number (unique 9-digit number)? Yes							
CRA Business Number:106984586							
Is your organization part of (owned/controlled by) a larger organization? No							
Parent Organization Name (Legal Name if incorporated):							
What year was your organization established? (YYYY) 1977							
What is your organization's fiscal year end? (DD/MM) 12/31							
*Applicable in the province of Quebec only:							
Is your organization subject to the Act respecting the Ministère du Conseil exécutif (M-30)? No							
Is your organization a member of any professional associations, memberships or alliances? If yes, please list.							
Ontario Museum Association, Association of Manitoba Museums, Canadian Museum Association							
Has your organization participated in the Government of Canada Survey of Heritage Institutions? Yes							
Is your organization a previous recipient of Canadian Heritage funding in the last five years? Yes							
Please describe your organization's governance structure.							
Fort Frances By-Law 77-29 establishing a Museum Board, more commonly known as "Museum Advisory Committee". Seven residents of Fort Frances are appointed by Fort Frances Council. The "Museum Advisory Committee" advises the Curator.							
Heritage Collection Items							
Approximate number of items in heritage collection: 8,600							
Approximate quantity of items in archival heritage collection (linear feet, cubic feet):2,800 ()							

B. Eligibility

Eligibility Determination

1	Is your organization a federal or provincial/territorial Crown corporation, agency or department? No
2	Is your organization a non-profit organization in support of a federal entity (e.g. Parks Canada or Department of National Defence) that is operationally dependent on the federal entity by virtue of its administrative or contractual relationship? No
3	Has your organization received Emergency Support funding from the Canada Council for the Arts? No *Note: An organization may only receive Emergency Support funding from Canadian Heritage OR Canada Council for the Arts but not both.
4	Does your organization manage a heritage collection? Yes *Note: For the purpose of this funding component, a heritage collection is defined as a collection of historical works, artefacts, archival material or Indigenous cultural heritage and belongings under the care of a heritage organization such as a history museum, art museum, archive, historic site or Indigenous organization.
5	Does your organization provide public access through regular hours of operation (including full-time, seasonal or part-time)? Yes
6	Was your level of annual expenses in 2019 or your last completed fiscal year between \$2,000 and \$3 million? Yes
7	Are you a not-for-profit museum, archive or historic site? Yes
8	Are you an Indigenous organization with a heritage collection?
9	Are you a municipal museum or university museum with a distinct budget?
10	Does your organization manage a heritage collection that does not fit into any of the above categories? If yes, please provide details. *Note: For the purpose of this funding component, a heritage collection is defined as a collection of historical works, artefacts, archival material or Indigenous cultural heritage and belongings under the care of a heritage organization such as a history museum, art museum, archive, historic site or Indigenous organization.
	If you answered Yes to questions 1, 2, 3 or No to questions 4, 5 and 6, your organization is not eligible for this funding. In addition, if you answered No to all of questions 7 through 10, you may not be eligible.

C. Funding Request

Total Annual Expenses

Funding ranging from \$1,000 up to a maximum of \$100,000 may be awarded to eligible heritage organizations according to a formula based on the applicant's total annual expenses in 2019 or last completed fiscal year.

What were your total annual expenses in 2019 or your last completed fiscal year? \$278,576

*** In the case of a heritage collection governed by a provincial/municipal government or by an academic or larger cultural institution or Indigenous organization, the annual expense refers to the distinct expenses for the **heritage collection and museum-type functions (collection; preservation and presentation) of the organization** – not the entire annual expense of the organization or institution.**

Direct Deposit

Have you submitted a Direct Deposit Enrollment Request to the Canadian Heritage in the past two years? Yes

Yes ➡ Has your banking information changed since the last time you submitted a Direct Deposit Enrollment Request? No

Yes ➡ Please complete the Direct Deposit Enrollment Request form in **section G** of this application form.

No ➡ The Direct Deposit Enrollment Request form is not required.

No ➡ Please complete the Direct Deposit Enrollment Request form in **section G** of this application form.

For Internal Use Only

Annual Operating Budget Range

\$278,576

Formula

Below \$2,000 = **Ineligible**

\$2,000 to \$4,999 = **\$1,000**

\$5,000 to \$9,999 = **\$2,000**

\$10,000 to \$50,000 = **\$5,000**

\$50,001 to \$100,000 = **\$10,000**

\$100,001 to \$1,000,000 = **10% of total expenses**

\$1,000,001 to \$3,000,000 = **\$100,000**

Above \$3,000,000 = **Ineligible**

Total Project Requested Cost

\$27,858

D. Application Checklist

Please review the following checklist carefully. Errors or incomplete applications will result in delayed processing and/or rejection.

- ☐ Completed Application Form (**sections A, B, C and D**)
- ☐ Signed Attestation (included in **section E** of the application form)
- ☐ Most recent Financial Statements (audited if available)
- ☐ Proof of Legal Status (letters patent or other incorporation documents), or in the case of an unincorporated group, a completed Unincorporated Applicant Acceptance of Responsibility Form (included in **section F** of the application form)
- ☐ Proof of signing authority (Bylaws, Constitution, Board resolution or other document)
- ☐ Blank cheque (voided) AND Direct Deposit Enrollment Request duly completed (included in **section G** of the application form, unless an account is already set-up with the Department of Canadian Heritage for which no changes are required)



E. Attestation

COVID-19 Emergency Support Fund for Heritage

Declaration:

As the person that has the legal authority to bind and apply on behalf of the organization, I declare that:

- The information in the application is true, accurate and complete;
- I and any person lobbying on my behalf to obtain funding are in compliance with the Lobbying Act and that no actual or potential, direct or indirect, contingency fee arrangement exists;
- No public servant or holder of public office, past or present, will derive a direct benefit from the approved funding in breach of the Values and Ethics Code for the Public Service or the Conflict of Interest Act;
- Our organization has been negatively impacted by COVID-19, which has resulted in financial hardship to our organization and its operations, and therefore, our organization is in need of government funding;
- I will act in compliance with applicable statutes, regulations, orders, standards and guidelines governing the program from which funding is being sought; and
- I commit to take measures conducive to creating a workplace free from harassment, abuse and discrimination.

I acknowledge that the submission of this Application does not constitute a commitment on the part of the Minister to award funding.

I acknowledge that making a false declaration is a criminal offense.

I authorize the Minister to disclose any information submitted in this Application within the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes:

- To reach a decision on the application;
- To support transparency, accountability and citizen engagement; and
- To respond to requests made under the Access to Information Act and the Privacy Act.

I authorize the Canada Revenue Agency or other government departments, if requested by Canadian Heritage, to disclose to Canadian Heritage, information regarding whether or not funding under other fiscal measures was received to address COVID-19.

Attestation (to be completed by the person authorized to sign on behalf of the Applicant):

If funds are approved, as the person that has the legal authority to bind and apply on behalf of the organization, I agree that:

- This **Application**, the **Funding Approval Letter**, and any additional conditions agreed upon in a separate agreement, will constitute the entire agreement between myself (the **Applicant**) and the **Minister of Canadian Heritage**, effective as of the date of the **Funding Approval Letter**;
- The funding provided is to help ensure a continuity of operations, enabling the organization to continue contributing to the sector in the future.
- The funds are not to be used to cover expenditures already funded under any other government COVID-19 emergency measures, including but not limited to the Canada Emergency Response Benefit, the Canada Emergency Wage Subsidy, the Canada Emergency Business Account, and the Canada Emergency Commercial Rent Assistance for small businesses;
- Emergency support funding received from more than one Canadian Heritage funding program may not be used to cover the same costs.
- This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the Department in carrying it out;

- Funding received, whether received as a grant or a contribution, may be audited by the Department to ensure funding conditions have been respected; and
- I will share results, if requested.

In addition, I shall:

- Use the funds only for the purposes specified in the Agreement;
- Declare all funding received from other government emergency measures to address COVID-19, upon request;
- Indemnify the Minister from any claim or cause of action arising from injury, damage, or death sustained in carrying out this Agreement; and
- Publicly acknowledge the funding.

Beverley Cochrane

08/17/2020

Name (print)

Signature

Date

F. Unincorporated Applicant Acceptance of Responsibility Form

Name of unincorporated organization, hereafter known as “the applicant” (as entered in the Applicant Information section of the application form)

Where the applicant is not incorporated, it is agreed that all members of the applicant group named above shall undertake to be personally, jointly, and severally liable for all obligations, covenants, promises, liabilities, and expenses arising out of the financing, which may be granted to the applicant.

This form requires signatures of a majority of representatives. Failure to sign this form will result in a rejected application.

The unincorporated applicant must open a bank account in the name of its group. In the event that funding should be awarded by the Department of Canadian Heritage, a cheque will be issued in the applicant's name.

We, the undersigned, are the majority representatives of the applicant.

Representative 1 (required)

Name of person authorized to sign		Title		
Signature		Date of Signature (YYYY-MM-DD)		
Residential Address	City	Province/Territory	Postal Code	P.O. Box

Representative 2 (required)

Name of person authorized to sign		Title		
Signature		Date of Signature (YYYY-MM-DD)		
Residential Address	City	Province/Territory	Postal Code	P.O. Box

Representative 3 (optional)

Name of person authorized to sign		Title		
Signature		Date of Signature (YYYY-MM-DD)		
Residential Address	City	Province/Territory	Postal Code	P.O. Box

Representative 4 (optional)

Name of person authorized to sign		Title		
Signature		Date of Signature (YYYY-MM-DD)		
Residential Address	City	Province/Territory	Postal Code	P.O. Box

G. Direct Deposit Enrollment Request				
Direct Deposit is a Government of Canada initiative. The federal government is phasing out cheques in favour of direct deposit for all government payments. For further information on direct deposit, please consult the following website: http://www.tpsgc-pwgsc.gc.ca/recgen/txt/depot-deposit-eng.html .				
Please keep your Canadian Heritage Regional Office informed of any change to your account (mailing address or bank account).				
Have you submitted a Direct Deposit Enrollment Request to Canadian Heritage in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your banking information changed since the last time you submitted a Direct Deposit Enrollment Request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part A				
Legal Name of your Organization				
Address		City	Province/Territory	Postal Code P.O. Box
Authorized Representative		Telephone ()	Ext.	E-mail @
Identification Number (GST, Business Number)		Language Preference? <input type="checkbox"/> English <input type="checkbox"/> French		
Part B				
Please attach an original blank cheque for your bank account with "VOID" written on it. If a void cheque cannot be attached, please ensure Part C is complete.				
Please ensure that the name on the cheque is the legal name. The information provided is protected under the Privacy Act.				
I, as the authorized representative of the above organization, authorize the Receiver General for Canada to deposit the payment(s) directly into the above account until further notice.				
Signature of Authorized Representative		Date of Signature (YYYY-MM-DD)		
Part C - If you have enclosed an original voided cheque, do not complete Part C.				
If you did not include a voided cheque, you must ensure to have the original bank stamp on the form confirming the banking information entered in Part B of this form.				
Branch number		Financial Institution Stamp Here (for Validation)		
Institution number				
Account number				
Name of first account holder		Name of second account holder		
Part D - For internal use only				
Vendor Code		Verified by		
Submitting Your Direct Deposit Enrollment Request To submit your form electronically, scan the original version of the void cheque and this form, and email the scanned documents along with the rest of your application. Please note that regardless of the method of submission, this document must be accompanied by an original voided cheque, or have the original bank stamp on the form when it is submitted. No faxed forms will be accepted.				