



MUSEUMS
ASSOCIATION OF
SASKATCHEWAN

2018 Network Operating Grant Application & Year End Report

Reporting Period: April 1st, 2017 – March 31st, 2018

Application Period: April 1, 2018 – March 31st, 2019

Network Operating Grant Guidelines

A maximum grant of \$600.00 is available to MAS Networks to cover their annual operating expenses.

To qualify for operating assistance Networks must be active (ie. have a Networker in place and have met at least twice within the previous 12 months).

A separate bank account is required for the Network; a full accounting of the grant money must be recorded and submitted annually as part of the Year End Report.

Eligible expenses may include:

- Telephone
- Postage
- Travel
- Rent for meeting space
- Network Get-Togethers
- Photocopying
- Bank charges

Note: If after all network expenses are paid for a surplus exists it may be allocated for projects to be undertaken by the network in the following year.

This grant is for the MAS fiscal year April 1 to March 31.

For more information call: Michelle Brownridge, Community Engagement Coordinator at 306-780-3451 or 1-866-568-7386 or email: community@saskmusuems.org

Network Name: _____

Main Networker: _____

Main Networker Phone #: _____

Main Networker Mailing Address: _____

Main Networker Email: _____

Co-Networker: _____

Co-Networker Phone #: _____

Co-Networker Mailing Address: _____

Co-Networker Email: _____

Network Members:

(A list must be attached which includes: Museums' names, contact names, contact phone #, email address - if available)

Network Meeting Report:

Spring Meeting:

1) Date: _____

Location: _____

Number of People Attending: _____

Representing _____ Museums

Highlights: _____

Fall Meeting:

2) Date: _____

Location: _____

Number of People Attending: _____

Representing _____ Museums

Highlights: _____

3) Date: _____

Location: _____

Number of People Attending: _____

Representing _____ Museums

Highlights: _____

Financial Report

for April 1, 2017 – March 31, 2018

Please complete the attached statement of Income and Expenses form, be sure to include:

- Initial Balance for each year
- Year End Balance for each year
- Income (*Identity Amounts and Source*)
- Expenses (*Identity Amounts and Source Projects*)
 - ✓ Identity Difference (Surplus/Deficit)
 - ✓ Identity Network Project Funds

Note If a surplus exists after all network expenses are paid, it must be allocated for projects to be undertaken by the network in the following year. If a surplus is not allocated to a specific project, the full amount of the network grant may not be allocated for the upcoming year.

INCOME:

	Actual Income (2017 - 18)
MAS Network Operating Grant	\$
Membership Dues (if any)	\$
Workshop Fees (if any)	\$
Member Contributions to Network Projects	\$
Other Income: (Please specify)	\$
TOTAL INCOME:	\$

EXPENSES:

	Actual Expenses (2017 - 18)
Office Supplies	\$
Photocopying	\$
Postage	\$
Telephone	\$
Rent (network meetings)	\$
Travel (network meetings)	\$
Workshop costs	\$
Bank charges	\$
Network Projects	\$
Other Income: (Please specify)	\$
TOTAL EXPENSES:	\$

Surplus/Deficit & End of Year Balance

Please Note If a surplus exists after all network expenses are paid, it must be allocated to the Network Project Fund and designated for specific project(s) to be undertaken by the network in the following year. If a surplus is not allocated to a specific project, the full amount of the Network Operating Grant may not be allocated for the upcoming year.

	Actual Surplus/Deficit (2017 - 18)
Total Surplus/Deficit	\$
Surplus Amount Transferred to Network Project Fund	\$
TOTAL INCOME END OF YEAR BALANCE:	\$

If you have a surplus or Deficit, please indicate your plans for making your Network sustainable:

Projected Budget

for April 1, 2018 – March 31, 2019

INCOME:

	Projected Income (2018 - 19)
Network Project Fund (2017-18 surplus)	\$
MAS Network Operating Grant	\$
Membership Dues (if any)	\$
Workshop Fees (if any)	\$
Member Contributions to Network Projects	\$
Other Income: (Please specify)	\$
TOTAL INCOME:	\$

EXPENSES:

	Projected Expenses (2018 - 19)
Office Supplies	\$
Photocopying	\$
Postage	\$
Telephone	\$
Rent (network meetings)	\$
Travel (network meetings)	\$
Workshop costs	\$
Bank charges	\$
Network Projects	\$
Other Income: (Please specify)	\$
TOTAL EXPENSES:	\$

	Projected Surplus/Deficit (2018 - 19)
Total Surplus/Deficit	\$

If you have a surplus or Deficit, please indicate your plans for making your Network sustainable:

Network Projects

(For additional projects please photocopy this page)

Please indicate:

1) Project or Activity *(brief description)*:

Intended Audience:

Degree of Success: (5) very successful to (1) not successful

Total Cost: \$ _____

Funding Sources: *(who)* _____

Funding Sources: *(who)* _____

Funding Sources: *(who)* _____

of volunteers involved in carrying out project: _____

Total volunteer time: _____

Network Participation *(% of Network membership)*: _____

Volunteer Time Sheet

for April 1, 2017 – March 31, 2018

Please help us more accurately track your volunteer hours by recording/estimating the number of hours you spent working as a Networker for MAS in the 2017–18 year:
