CANB Grant Program

In-House Digitization, Reformatting, or Migration

2025 - 2026



Name of Institution
Project Title:

Application Form

1.0 General Information

Name of Institution	
Project Lead	
Phone #	
Email Address	
Civic Address	
Website	
_ Yes _ No	s Mission Statement / Mandate on file with CANB?
1.2 Was this applicatio Yes No	

2.0 Project Proposal	
Project Title	
Proposed Start Date	
Proposed Completion Date	

2.1 Describe the project.

Name of Institution:

Project Title:

- 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? For example, are the records to fragile to withstand continued handling? Are the images going to be used in physical or virtual exhibitions?
- 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?
- Who are your project partners? (If applicable)

Name of Institution: Project Title:
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

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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			
	To Case of carearation			
3	In-kind application contribution (i.e. supervision of the			
J	project not to exceed 10% of total cost, assistance			
	provided by volunteers, supplies already paid for by the			
	applicant)			
Total Am	account of Duciost			
	nount of Project es 1, 2, and 3 together)			
,				
Total Amount Requested from CANB				
Amount from Project Partners (If applicable)				
Balance	to be Covered by Institution			

Name of Institution: Project Title:
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?