

FINANCIAL NEEDS ASSESSMENT: UNIVERSITY OF ALBERTA MUSEUM

Please complete and return this form to Museums and Collections Services, Ring House #1.

COLLECTION INFORMATION

Registered Collection: _____
 Unit/Department: _____
 Curator Name: _____
 Person Completing Form: _____
 Mailing Address: _____
 Phone Number: _____ E-mail: _____
 Curator Signature: _____ Date: _____
 Chair Approval: _____ Date: _____

PROJECT INFORMATION

Please list projects **in order of priority** to a **maximum of three (3) projects**.
 Include purpose of project, methodology, value to the collection and department, urgency of project, and how costs were determined (e.g., attach or include catalogue prices, estimates, number of hours of work required with hourly rate). Indicate if Museums and Collections Services staff assistance is required.

Project One (name): _____
 Start date of project: _____ End date of project: _____
 Total cost of project: _____

Please provide a brief written description of the project.



Project Two (name): _____
Start date of project: _____ End date of project: _____
Total cost of project: _____

Please provide a brief written description of the project.

Project Three (name): _____
Start date of project: _____ End date of project: _____
Total cost of project: _____

Please provide a brief written description of the project.

