



# museumwise



## Get Ready! Grant Application

Sponsored by the New York State Council on the Arts, Administered by Museumwise

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person for this proposal \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Today's Date \_\_\_\_\_

Is the organization chartered by NY State's Board of Regents? Yes \_\_\_ No \_\_\_

1. Is the organization a:  
\_\_\_ 501C3 \_\_\_ Branch of local government \_\_\_ Other? \_\_\_\_\_

2. Describe your physical facility:

3. Annual Operating Budget: \_\_\_\_\_

4. Have you applied to the NYSCA Museum Program in the past? Yes \_\_\_ No \_\_\_  
If so, date of last contract \_\_\_\_\_

5. Please attach the following:

- a. One page description of your organization and the need for planning at this time
- b. Mission Statement
- c. List of current board members and their professional affiliations
- d. Annual Budget or financial report
- e. Minutes of your organization's last board meeting

**Mail 2 copies of this application and all supporting materials to  
Museumwise at 11 Ford Ave, Oneonta NY 13820**