



## Get Set! 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 \_\_\_\_\_

1. Is the organization chartered by NY State's Board of Regents? Yes \_\_\_ No \_\_\_
2. Is the organization a:  
 \_\_\_ 501C3 \_\_\_ Branch of local government \_\_\_ Other \_\_\_\_\_
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. Provide a two-page project narrative addressing the following:
  - a. The primary issues to be addressed in the consultancy and how the consultancy will advance a goal within your strategic plan or assist you in completing a strategic plan
  - b. Why is this consultancy appropriate for the project?
  - c. A work plan:
    - i. How often will the consultant visit?
    - ii. What will be accomplished during consultancies?
    - iii. What work needs to be done by staff and board?
  - d. What impact will this consultancy have upon your organization?
6. Please attach the following:
  - a. Strategic plan (unless applying for planning) and mission statement (required)
  - b. Resume of proposed consultant (required)
  - c. Newsletters, brochures, annual reports or other information about your organization (optional)
7. Budget:
  - a. Consultant's Fee        \$ \_\_\_\_\_
  - b. Travel (in state only)    \$ \_\_\_\_\_ Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ (Mileage Rate not to exceed the current state rate)
  - c. Other (specify) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ \*

\*If the total exceeds the GET SET! limit of \$3000, how will your organization support the remaining expenses?

Signature of Executive Director and/or Board President is required to indicate board/organizational approval of grant request and to indicate that to the best of their knowledge, the information included herein, is true and correct.

\_\_\_\_\_  
Signature of Executive Director/Board Chair

\_\_\_\_\_  
Date

**Mail 4 copies of this application and all supporting materials to  
Museumwise at 11 Ford Ave, Oneonta NY 13820**