



Go! 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(s) _____
 5. Provide a two-page description of your organization's mission and activities. Also detail what the grant participant/s will gain from the proposed travel, and how the experience will be integrated into work at your museum.
 6. Please include the following:
 - a. Resume/s for individual/s participating
 - b. Information on the proposed training
 7. Travel Budget:
 - a. Registration Fees \$ _____
 - b. Accommodations \$ _____ (tax exempt rate)
 - c. Travel (in-state only) \$ _____ Mileage: _____ miles @ _____ (Mileage rate not to exceed the current NYS rate)
- Total \$ _____ *

*If the total exceeds the GO! limit of \$500 for single participants, \$750 for multiple participants, 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 this application and all supporting materials to Museumwise at 11 Ford Ave, Oneonta NY 13820