

2012 Conservation Treatment Grant Program Application Cover Sheet

Please use this form or construct your cover sheet to contain the following information, in this order.

Applicant organization			
Address			
City	State	Zip Code	County
Phone	Fax		
E-mail		Web Site	
Contact Person		Title	
Contact phone	Fax	Contact e-mail	

Applicant organizations 501(C)3 tax status: Tax Exempt Not Exempt

Incorporation or NYS Charter status: Incorporated Chartered by NYS Regents Other *explain* _____

Indicate size of staff: full-time staff _____ part-time staff _____ volunteers _____

Indicate annual number of visitors (including school groups) _____

Applicant has completed: Collections survey Year _____ a CAP assessment date ____/____/____
(check all that apply) Collections Management Policy Long-range conservation plan Emergency Response Plan

Indicate total annual operating budget and annual collections care expenditures (excluding staff salaries)

<i>Annual operating budget</i>	<i>Collections care expenditures</i>
2011 \$ _____	2011 \$ _____
2010 \$ _____	2010 \$ _____
2009 \$ _____	2009 \$ _____

List total conservation grant support your institution received (including this program), and each source

2011 \$ _____	Source _____
2010 \$ _____	Source _____
2009 \$ _____	Source _____

Mission Statement _____

Conservation Treatment Request Summary (75 words or less) _____

Total Amount Requested \$ _____

Signature of organization official _____ Print name and title _____ Date ____/____/____