

2015 Conservation Treatment Grant Program Application Cover Sheet

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 _____ on-site conservator: Yes No

Indicate number of days open to the public per year: _____ Indicate annual number of visitors (including school groups): _____

Applicant has completed: Collections survey Year _____ CAP/MAP 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>
2014 \$ _____	2014 \$ _____
2013 \$ _____	2013 \$ _____
2012 \$ _____	2012 \$ _____

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

2014 \$ _____	Source _____
2013 \$ _____	Source _____
2012 \$ _____	Source _____

Mission Statement

Conservation Treatment Request Summary (75 words or less)

Total Amount Requested \$ _____

Signature of organization official

Print name and title

Date