



NYSCA/GHHN Conservation Treatment Grant Program

Section 1: Organizational Questionnaire

Please note, our application process is now paperless. These questions will be answered in the online portal. However, we have provided access to them prior to the opening of the portal for your reference. We highly recommend that you compose your answers offline and copy/paste them into the online form so that you have your work backed up if there is a technical issue.

Applicant Organization *

Address *

City *

State *

ZIP Code *

County *

Phone *

Website *

Organization's Employer Identification Number (EIN) *

Contact Name *

Contact Title *

Contact Phone Number *

Contact Email Address *

Applicant Organization 501(c)3 Tax Status *

Tax Exempt

Not Exempt

Incorporation or NYS Charter status *

Incorporated

Chartered by NYS Regents

Other - please explain below

Indicate Size of Full Time Staff *

Indicate Size of Part Time Staff *

Indicate Number of Volunteers *

On Site Conservator? *

Yes

No

Indicate Number of Days Open to the Public Per Year *

Indicate Annual Number of Visitors (including school groups) *

NYSCA Descriptor Codes: Please check off the boxes that describe the project for which you are requesting funds.

Type of Organization *

Art Museum

Historical Society/Commission

Library

Museum-other

Religious Organization

NYSCA Descriptor Codes: Please check off the boxes that describe your organization

Artistic Discipline of Organization *

Crafts

Design Arts

Folk Traditional Arts

Multi-Disciplinary

Visual Arts

NYSCA Descriptor Codes: Please check off the boxes that describe your organization

Artistic Discipline of Project *

Crafts

Design Arts

Folk Traditional Arts

Multi-disciplinary

Visual Arts

Applicant has completed: * *Please check all that apply*

Collections Survey

Collections Management Policy

CAP/MAP Assessment

Long-range Conservation Plan

Emergency Response Plan

If you have completed a collections survey, please tell us what year it was completed.

2018 Annual Operating Budget * *Indicate total annual operating budget*

2017 Annual Operating Budget *

2016 Annual Operating Budget *

2018 Collections Care Expenditures * *Indicate total annual collections care expenditures*

2017 Collections Care Expenditures *

2016 Collections Care Expenditures *

Organization's Mission Statement *

We are requesting funding for the conservation of: * *Please provide us with a short sentence about the item(s) that you are requesting conservation treatment for.*

Total Amount Requested: * *Please indicate the total amount of funding you are requesting. The maximum amount of funding provided by this grant program is \$7,500.*

Selected Conservator(s) * *Please write the individual name(s) and (if applicable) conservation firm name of the conservator you have selected to do the treatment. Names of all conservators who will be working on your object must be listed.*

Conservator Address *

Conservator Address - City *

Conservator Address - State *

Conservator Address - ZIP Code *

Conservator Email Address *

Are you a first time applicant to this grant program? *

Yes

No

Have you received funding from this grant program in the last three years? If so, please indicate which years you were funded.

2016

2017

2018

Received funding more than 3 years ago

Never received funding

Please note, priority consideration will be given to applicants who have not yet received three consecutive treatment grants



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Section 2: Narrative Project Description

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2A. What object(s) are to be treated? (60 words max.)

2B. Describe your collections, generally. (250 words max.)

2C. What is the object's aesthetic, cultural or historical significance? Does the object have any significance to New York State? (250 words max.)

2D. How does the object proposed for conservation treatment relate to your organizational mission? (300 words max.)

2E. What is the date of your most recent collections management policy or written conservation plan? (60 words max.)

2F. What is the (brief) history of your institution's conservation activities? (300 words max.)

2G. Have reports from Conservation Assessment Program (CAP), Museum Assessment Program (MAP or MAPII), or other conservation surveys of your collections recommended or prioritized treatment of the object(s) proposed for conservation in this application? If yes, please indicate who conducted the assessment. (250 words max.)

2H. Have recommendations from those reports been implemented, or why have they not yet been implemented? Please attach those pages of survey or consultant's reports relevant to the object(s) proposed for conservation treatment. (250 words max.)

2I. What is the urgency for treatment at this time? (250 words max.)

2J. How will the object be interpreted, exhibited, and/or made publicly accessible during or after the treatment? Long range, how will the public benefit from this project? (300 words max.)

2K. Describe the physical environment in which the treated object(s) will be housed or exhibited after conservation. Include provisions that already exist, or are planned, for preservation-minded storage and/or exhibition of the treated object(s) (450 words max.)

2L. After the conservation treatment has been carried out, what provisions will you make for the proper handling of the object(s) at your site? (300 words max.)

2M. What training has your curatorial, volunteer and/ or maintenance staff received in conservation principles for care & handling of collections? (300 words max.)

Please Note: Requests for treatment of outdoor sculpture must include the description of an on-going maintenance program already in existence, or one to be implemented, at your institution. An engineer's report may be required for some sculptures.