# Organizational Questionnaire

Applicant Organization Name

Address

City

State

ZIP Code

County

Phone

Website

Organization's EIN

Contact Name

Contact Title

Contact Phone Number

Contact Email Address

Applicant Organization Tax Status

Incorporation or NYS Charter Status

Number of Full Time Staff

Number of Part Time Staff

Number of Volunteers

Number of Days Open to the Public Per Year

Annual Number of Visitors (Including School Groups)

Type of Organization

Artistic Discipline of Organization

Artistic Discipline of Project

Applicant has completed:

Collections Survey

Collections Management Policy

CAP/MAP Assessment

Long Range Conservation Plan

Emergency Response Plan

C2CNYS Circuit Rider

NEH Preservation Assistance Grants for Smaller Organizations

Other

Year of Collections Survey (if completed)

Who conducted assessment of site and when (if site has had assessment)

2016 Operating Budget

2016 Collections Care Expenditures

Organization's Mission Statement

Total Amount Requested