# 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)

Past Year’s Operating Budget

Past Year’s Collections Care Expenditures

Organization's Mission Statement

Total Amount Requested