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)

*Annual operating budget*

2014 $

2013 $

2012 $

*Collections care expenditures*

2014 $

2013 $

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**