



# **NYSCA/GHHN Conservation Treatment Grant**

## **Section 1: Organizational Questionnaire**

Please note, our application process is 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 \*

Overall Image Object(s) to be Conserved (upload one overall image; additional images will be uploaded in the Visual Support section of the application)

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. Please note, if your object is chosen for funding, we will use what you write for our press release.*

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  
None of the above

Organization has: *Please check all that apply \**

dehumidifier  
circulating fans  
HVAC  
UV window film or shades  
security system/alarm  
environmental monitors  
fire suppression system  
none of the above

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

2025 Annual Operating Budget \*

2025 Collections Care Expenditures \*

Organization's Mission Statement

Please list the accession numbers for each object requested. If you are applying for more than one object, please include brief descriptions with each accession number.

Total Amount Requested: \* *Please indicate the total amount of funding you are requesting. The maximum amount of funding provided by this grant program is \$10,000.*

If your project total exceeds \$7,500, please list additional sources of funding here. Please note that these funds should already be 'in-hand' and not to be fundraised, should your application be supported.

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 grantprogram? \*      Yes                      No

Have you previously applied to this grant program for the conservation of this object?

Yes                      No

If yes, in what year did you previously apply?

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

2025    2024    2023

Received funding more than 3 years ago

Never received funding

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## NYSCA/GHHN Conservation Treatment Grant Program 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? Please note in your answer if the objects to be treated are objects involving historically marginalized and underrepresented communities. (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. What is the urgency for treatment at this time? (250 words max.)

2H. 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? If the object is from a historically marginalized or underrepresented community, how will the interpretation and exhibition tell the fuller story of New York State history to your visitors? (450 words max.)

2I. 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.)

Most collection types are extremely sensitive to light. If the items you are applying for are light-sensitive, please tell us your plan for the object to minimize light exposure. Please describe any steps you've taken to address this (e.g., UV filters/shades, object placement, light meters).

Please upload an image of where the object will be housed or exhibited after conservation.

Select up to 3 files to attach

2J. 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.)

2K. 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 ongoing maintenance program already in existence, or one to be implemented, at your institution. An engineer's report may be required for some sculptures.

If applicable, please upload the maintenance program description (in existence or one to be implemented) and/or engineer's report here.