



New York State Council on the Arts
Grants For Museum Advancement
administered by the Upstate History Alliance



GO! Grant Application

(Please print this form)

Organization Name _____

Address _____

Contact Person for this proposal _____

Daytime Phone Number _____ Fax _____

E-mail _____ Today's Date _____

1. Is the organization chartered by NY State's Board of Regents? Yes ___ No ___

2. Is the organization a:

___ 501C3 ___ Branch of local government ___ Other? _____

3. Annual Operating Budget: _____

4. Have you applied to the NYSCA Museum Program in the past? Yes ___ No ___

If so, date of last contract _____

5. Provide a two-page description of your organization's mission and activities. Also detail what the grant participant will gain from the proposed travel, and how the experience will be integrated into work at your museum.

6. Please include the following:

- A) Resume of individual participating
- B) Information on the proposed training

7. Travel Budget:

A) Registration Fees \$ _____

B) Accommodations \$ _____

C) Travel (in-state only) \$ _____ Mileage: _____ miles@ _____ (Mileage rate not to exceed the current state rate of \$.550)

Total \$ _____ *

*If the total exceeds the **GO!** limit of \$750, how will your organization support the remaining expenses?

Mail this application and all supporting materials to UHA at 11 Ford Ave, Oneonta NY 13820