PENNSYLVANIA HISTORY AND MUSEUM GRANT PROGRAM
GENERAL OPERATING SUPPORT GRANT APPLICATION

Application Number _____

(PHMC Use Only)

Federal Identification Number _____

GENERAL OPERATING SUPPORT FOR WHICH YOU ARE APPLYING (Check One Only)

General Operating Support for Museums _____

General Operating Support for Official Historical Societies _____

I. APPLICANT (Please carefully review the "Application Instructions" before beginning work.)

A. Name of Organization _____

B. Name of Subunit Managing Project _____

C. Address _____

_____ PA _____
City   Zip Code

D. Executive Director/President of Organization

_____
Name   Title

E. Contact Person for Grant _____

F. Telephone Number for Contact Person _____

H. Grant Amount Requested $ _____

I. Matching Funds (If Applicable) $ _____

J. Total Project Cost $ _____

II. SCOPE OF WORK (Use only space provided.)

III. ORGANIZATIONAL INFORMATION (If you are applying as a subunit, the information in this section must relate to that subunit rather than to the parent organization. Answer all questions. Enter NA for those questions that are not applicable.)

A. A. Mission Statement

B. Nonprofit Status Documentation

1. Date IRS Exemption Received _____

2. Registration Date w/Pennsylvania
    Bureau of Charitable Organizations _____

C. Telecommunications Information

1. Telephone Number (Public) _____

2. Fax Number _____

3. E-Mail Address _____

4. Website _____

D. Locational

1. County _____

2. Senate District Number (Pennsylvania General Assembly) _____

3. Representative District Number _____

4. Federal Congressional District Number _____

E. General

1. Control of Organization _____

2. Discipline of Organization _____

3. Enter the year the organization was incorporated_____

4. Accessiblity

    a. Total number of days open to the public annually _____

    b. Total number of hours open to the public weekly _____

5. Visitation

    a. Annual visitation _____

    b. Percent of annual visitation represented by

    organized school groups _____

6. Staffing

    a. Number of full-time paid staff _____

    b. Number of part-time paid staff _____

    c. Number of full-time volunteers _____

    d. Number of part-time volunteers _____

7. Does your organization have a friends/support group whose purpose is to provide services and raise funds for the parent organization? ___

    Number of Members_____

8. Museum and Conservation Assessment Programs and Accreditation

    a. Has the organization undergone a Museum Assessment Program Review?

        Map I   _____   Date _____

        Map II   _____   Date _____

        Map III   _____   Date _____

    b. Has the organization undergone a Conservation Assessment Program Review?

    _____   Date _____

    c. Has the organization been accredited by the American Association of Museums?

    _____   Date _____

F. Financial

1. Current Fiscal Year _____

    a. Month Fiscal Year Begins _____

    b. Month Fiscal Year Ends _____

2. Current Operating Budget $_____

    a. Percent of budget used for salaries, benefits and expenses _____

    b. Percent of budget used for maintenance of buildings and grounds _____

    c. Percent of budget used for utilities _____

    d. Percent of budget used for collection care and conservation _____

e. Percent of budget used for exhibitions and related expenses _____

f. Percent of budget used for special events and educational programs _____

g. Percent of budget used for marketing and promotion _____

3. Previous Year's Operating Budget $_____

IV. **HISTORIC PROPERTY INFORMATION** (50 Years and Older)

A. National Register Status

1. Is the property listed individually in the National Register of Historic Places?

    _____

2. Is the property a contributing property in a National Register of Historic Places historic district?

    _____

B. National Historic Landmark

1. Is the property also designated a National Historic Landmark?

    _____

V. Organizational Operating Budget History

A. INCOME

CASH/EARNED REVENUE

Admissions, ticket sales	$	$
Publications, subscriptions	$	$
Membership Fees	$	$
Contracted Services	$	$
Tuition/class and workshop fees	$	$
Sales (shop, souvenirs, programs)	$	$
Food/beverage concessions	$	$
Space Rental	$	$
Interest Earnings	$	$
Special fundraising events	$	$
Other (specify):	$	$

Total Earned Revenue:

CONTRIBUTED SUPPORT

Government

Federal	$	$
State	$	$
County	$	$
Municipal	$	$
Total Government Support:	$	$

Private:

Foundation	$	$
Corporate	$	$
Individual	$	$
Other (specify):	$	$

Total Private Support	$	$
Total Contributed Support	$	$
INVESTMENT INCOME		
Endowment (Restricted)	$	$
Endowment (Unrestricted)	$	$
Investments	$	$
Other (specify):	$	$
Total Investment Income:	$	$
<u>Grand Total All Income:</u>	$	$

B. CASH EXPENDITURES

ADMINISTRATIVE

Administrative staff salaries	$	$
Fringe benefits	$	$
Fringe taxes	$	$
Administrative contractual fees/consultants	$	$
Travel/conferences	$	$
Office equipment (purchase, lease, maintenance)	$	$
Insurance (liability, etc. other than personnel or operations)	$	$
Telephone/postage/all telecommunications	$	$
Miscellaneous office expenses/supplies	$	$
Interest payments (excl. mortgages)	$	$
Other (specify):		
Total Administrative Expenses	$	$

OPERATIONS (PROGRAMMING AND PRODUCTION)

Program staff salaries	$	$
Fringe Benefits	$	$
Fringe taxes	$	$
Program/production contractual fees/consultants	$	$

Exhibition productions (excl. salaries contractual fees and consultants)	$	$
Collections Acquisitions	$	$
Education programs (excl. salaries contractual fees and consultants)	$	$
Public Programs/performances (excl. salaries, contractual fees and consultants)	$	$
Transportation/touring costs	$	$
Insurance (exhibition etc.)	$	$
Equipment (purchase, lease, maintenance)	$	$
Marketing, publications, promotion	$	$
Special fundraising events	$	$
Other (specify):	$	$
Total Operations Expenditures:	$	$

FACILITIES

Rent /mortgage (all occupancy expenses)	$	$
Utilities	$	$
Building/grounds maintenance	$	$
Other (specify):	$	$
Total Facilities Expenditures:	$	$
Grand Total All Expenditures:	$	$

C. TOTAL ACCUMULATED SURPLUS	$	$
D. TOTAL ACCUMULATED DEFICIT	$	$
E. CAPITAL EXPENDITURES (NEW CONSTRUCTION/ RENOVATIONS/LARGE EQUIPMENT)	$	$

VI. ORGANIZATION SUMMARY (Use only the space provided.)

A. Description of Organization

VI. ORGANIZATION SUMMARY (Continued)

B. Applicants for General Operating Support for Museums must address the following in the order specified and in the space provided: Audience; Collections; Exhibitions; Education; Staffing; and Outreach. Use these headings in the text.

C. Applicants for the General Operating Support for Official County Historical Societies must address the following in the space provided: Activities as they Relate to Eligibility Criteria (Discuss in the order presented in the "Application Instructions."); and Public/Community Benefits.

VI. ORGANIZATION SUMMARY (Continued)

VI. ORGANIZATION SUMMARY (Continued)

VII.   GRANT BUDGET (All applicants for General Operating Support must complete this section.)

Categories of Expenditure	PHMC Funds	Match Funds	Subtotals	Totals
A. Salaries/Benefits/Expenses				
	$	$	$	
	$	$	$	
	$	$	$	$
B. Buildings/Grounds Maintenance				
	$	$	$	
	$	$	$	
	$	$	$	$
C. Utilities				
	$	$	$	
	$	$	$	
	$	$	$	$
D. Collection Care/Conservation				
	$	$	$	
	$	$	$	
	$	$	$	$
E. Exhibitions/Related Expenses				
	$	$	$	
	$	$	$	
	$	$	$	$
F. Special Events and Educational Programs				
	$	$	$	
	$	$	$	
	$	$	$	$
G. Marketing/Promotion				
	$	$	$	
	$	$	$	
	$	$	$	$
H. Other				
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	$

Grant Total All Costs   **$**

VIII. MATCHING SHARE (Official County Historical Societies Only)

A condition of eligibility for General Operating Support Grants for Official County Historical Societies is that the historical society must be certified as the official county historical society by local county government and must be receiving general operating support from the county.

A. Donor/Source   Amount

    «donor_1» $ «donor1_amt»

B. County Fiscal Year

    1. Month Fiscal Year Begins_____

    2. Month Fiscal Year Ends_____

C. Period during which county funds will be available for expenditure by the historical society_____

IX. CHECKLIST

To assure that your grant proposal is complete, please check off that you have provided the following:

Completed copy of application

Federal Identification Number

Glossy black and white or color photographic prints (preferably 8"x10," minimally 5"x7")

IRS letter 501(c)(3) or official document verifying that the organization is an entity of government

One sample of promotional material for your organization

Certification letter from County Commissioners (for General Operating Support Grants for Official County Historical Societies only)

Completed IRS Form W-9

Required signature for Certification and Statement of Assurances

X. CERTIFICATION AND STATEMENT OF ASSURANCES

The applicant certifies, represents and warrants to the Pennsylvania Historical and Museum Commission that:

1. The information contained herein and in all attachments and supporting material is true and correct, and the filing of the application has been duly authorized by the governing body of the applicant;

2. The applicant's organization is officially organized on a tax-exempt basis 501(c)(3) or is an entity of government, is located in Pennsylvania and has been incorporated for two years prior to the grant application; and

3. The applicant accepts in advance any grant awarded by the Commission agreeing:
a. That any funds received as a result of the application will be expended under the "Terms and Conditions of the Grant;" and,
b. To such other restrictions, conditions or changes as the Commission may impose unless the applicant objects within thirty days of the mailing of the grant award letter.

HAVE YOU

■ Reviewed Guidelines for Applicants to be sure that your organization is eligible to apply for funding from the Pennsylvania Historical and Museum Commission?

Please note that one application form is used for:

■General Operating Support Grants for Museums; and

■General Operating Support Grants for Official County Historical Societies.

General Instructions

Before completing the General Operating Support Grant application, please read the application instructions with care. The sections introduced by Roman numerals in the application instructions correspond to the sections introduced by Roman numerals in the General Operating Support Grant application.

- Provide all information on the application form. DONOT use additional pages.
- Use only 10- or 12-point type size on your application.
- Follow the instructions, answer all questions, be accurate and check your math, spelling and grammar.
- Submit two copies of the application form with attachments.

The first step in filling out an application for General Operating Support is to enter your organization's Federal Identification Number in the space provided at the top of the first page.

Then check whether you are applying for

a General Operating Support Grant for Museums or a General Operating Support Grant for Official County Historical Societies.

I. Applicant

Organization

This is the name of the organization whose Federal Identification Number is used at the top of the application.

Subunit Managing Project

This is the unit within the parent organization who is responsible for managing the project. This unit must meet the following conditions:

- The unit has administrative autonomy for its operations;
- The unit has a fully segregated and itemized operating budget within that of the parent organization; and
- The unit is able to separately and distinctly fulfill all eligibility and application requirements as defined in Guidelines for Applicants.

IMPORTANT: If you are applying as a subunit within a larger organization, the answers to all subsequent questions on the application form must relate to that subunit.

Contact Person

This should be the individual most knowledgeable about the application and available for questions and discussions about the grant.

Grant Requested

This is the total amount of money being requested from the Pennsylvania Historical and Museum Commission. Applicants for General Operating Support Grants for Museums may apply for up to $150,000 or 10 percent of the museum's most recently completed fiscal year operating budget if that budget is less than $1,500,000.

The most recently completed fiscal year operating budget is that dollar amount defined as Grand Total All Expenditures under Organization Operating Budget History Column One and does not include capital funds or in-kind contributions.

Matching Funds

Only applicants for General Operating Support Grants for Official County Historical Societies are required to provide matching funds. Match must be cash.

Total Support

This is the sum total of Grant Requested and Matching Funds. If matching funds are not required, this amount will be the same as Grant Requested.

II. Scope of Work

Summarize concisely how grant funds and matching funds (if applicable) will be used. This is essentially an abstract and will be used by Commissioners, members of the General Assembly and in your Grant Agreement should you receive an award. Use only the space provided.

III. Organizational Information

You must answer all questions as they relate to the organization or the subunit. Enter NA for those questions that are not applicable.

Mission Statement

Provide a mission statement or write a statement of purpose for the organization describing why it was founded, its goals and how it is interpreted to the public at the present time.

Nonprofit Status

You are required for purposes of eligibility to have taxexempt status 501 ©(3) with the Internal Revenue Service or be an entity of local government. If you have submitted a copy of your IRS letter indicating your nonprofit 501©(3) status to the Pennsylvania Historical and Museum Commission within the past three years, you are not required to submit another copy with this application.

If you have not submitted a copy previously, you must do so with this application. Units of local government are not required to submit documentation of any sort.

Charitable Organizations

You may be required to register with the Bureau of Charitable Organizations. Information may be obtained by writing Bureau of Charitable Organizations, Commonwealth of Pennsylvania, Department of State, P. O. Box 8723, Harrisburg, PA 17105 or by calling 1-800-732-0999.

County

Enter the name of the county where the organization is located.

State Senate, State Representative and Congressional District Numbers

This information may be obtained from your county courthouse or from the League of Women Voters in your area.

Please be accurate as the Pennsylvania Historical and Museum Commission will notify your representatives in the event of an award.

Control of Organization (Select one)

- College or University
- County
- Municipal Government or Authority
- Private Nonprofit
- School or School District
- State System of Higher Education
- Other

Discipline of Organization (Select one)

- Anthropology/Archaeology
- Aquarium
- Arboretum
- Archives
- Botanical Garden
- Children's Museum
- Community/Economic Development
- Educatioin
- General Museum (with two or more equally significant disciplines)
- Government
- Historic House/Site
- Historic Preservation
- Historical Society/Museum
- Library
- Maritime
- Military
- Natural History Museum
- Nature Center
- Planetarium
- Performing Arts
- Recreation
- Religious
- Science/Technology Center
- State Heritage Region
- Visual Arts
- Zoological Park
- Other

Visitation

Provide the number of annual visitors to your institution. Check whether this is an actual or estimated attendance figure. Provide the number of individuals served annually by your outreach programs. Check whether this figure is actual or an estimate. Record the number of "hits" received annually on your website. Leave at zero if you do not have a website.

Operating Budget for Most Recently Completed Fiscal Year

Enter the operating budget amount for your most recently completed fiscal year. Do not include capital funds or in-kind contributions. This amount should be the same amount shown in column one under Organization Operating Budget History, Grand Total All Expeditues.

Operating Budget for Second Most Recently Completed Fiscal Year

Enter the operating budget amount for your second most recently completed fiscal year. Do not include capital funds or in-kind contributions. This amount should be the same amount shown in column two under Organization Operating Budget History, Grand Total All Expenditures.

**IV. Historic Property Information
(Fifty Years and Older)**

National Register Status

Please check the appropriate status. Information regarding the status of your historic property may be obtained by writing National Register Program, Pennsylvania Historical and Museum Commission, Bureau for Historic Preservation, Commonwealth Keystone Building, 2nd Floor, 400 North Street, Harrisburg, Pennsylvania 17120-0093 or by calling 717-783-8946 or 8947.

National Historic Landmark Status

Only a select few National Register properties are also designated as National Historic Landmarks. Landmark status should be verified before answering this question.

V. Organization Operating Budget History

This section is designed to provide a two-year financial history of the organization (subunit, if applying as a subunit of a larger organization) applying for general operating support. Round all numbers to the nearest dollar.

The operating budget history covers the two most recently completed fiscal years. Enter the year you are reporting on at the top of each column.

Both columns must be filled out and figures must be actual amounts not budgeted amounts or projections. Remember to round off to the nearest dollar.

The figures must represent those of the organization applying for funding from the Pennsylvania Historical and Museum Commission. For museums within larger parent organizations (e.g. Morris Arboretum, University of Pennsylvania), the budget must represent that of the subunit or museum rather than that of the parent organization.

(Unrestricted) Enter all revenues and expenses relating to the general operations of your organization. Money that has been designated for special purposes that are part of your general operations should be included in your budget. Most monies will be reflected in your budget except for those with donor-imposed restrictions.

Restricted funds that were released during the fiscal year and were used for a general operating purpose may be included in your budget.

Do not include capital funds. Do not include non-cash contributions (services, materials, etc.), whether or not they are reflected in your financial statements and recognized as part of a formal audit.

A. Income (Program Revenue)

- **Admissions**. General and special exhibition admissions. (Any admission income that is remitted to your parent organization which then allocates the income entirely or in part for your organization's operations should be included here or under Parent Organization Support but should not be included in both lines.)
- **Membership**. All membership fees.
- **Enrollment Fees/Education Programs**. Tuition and fees from classes, training workshops and other educational programs.
- **Museum Store/Gift Shop (Gross)**. Revenues from operations of museum gift shop.
- **Food Service (Gross).** Revenues from operations of organization's restaurant or food service.

- **Publications, Reproductions, Royalties**. Earned income from sales of publications and reproduction rights, as well as royalties earned on publications.
- **Special Events**. Income from other special activities including performances, lectures, films, etc.
- **Special Exhibition Fees**. Income generated from temporary and/or special exhibitions.
- **Interest and Dividends**. Income in the form of dividends and/or interest generated by your organization's investments (including transfers from endowment income).
- **Renta**l. Income from rental of the organization's facilities, equipment, etc.
- **Other**. All other sources of revenue not derived from Contributed Support or Investment Income.

  (Contributed Support - do not include non-cash contributions)

- **Government**. Grants from federal, state, county and/or municipal sources received in the fiscal year.Include funding received from the Pennsylvania Historical and Museum Commission.
- **Private**. Grants and/or donations from individuals, foundations and/or corporations received in the fiscal year.
- **Parent Organization Support**. Parent or sponsoring organization support, including cash payments made directly to your organization and cash payments made to producers of goods or services provided to your organization without cost. Indirect cost allocations for your organization should be entered here: for example, maintenance, utilities, or services provided by your parent organization.

  (Investment Income)

- **Investments.** Profits realized on the sale of securities and/or assets.
- **Transfers**. Monies released from restrictions during the fiscal year being reported upon.

B. Expenditures (Program)

- **Salaries and Wages**. Salaries and wages paid to
  employees of your organization.
- **Benefits.** Benefits paid to employees of your organization, including health insurance, etc.
- **Insuranc**e. Insurance premiums for your collections/exhibitions and liability coverage.

- **Museum Store/Gift Shop**. Expenses associated with the operations of your museum gift shop.
- **Food Service**. Expenses associated with the operations of your restaurant or food service.
- **Contractual.** Expenses for any services provided to your organization that are not performed by staff.
- **Professional Development**. Expenses associated with staff training and education.
- **Travel**. Travel and lodging expenses associated with your organization's activities.
- **Printing and Publication**. Expenditures for organization-related publications and other printed materials.
- **Telephone/Postage/All Telecommunications**. Telephone, fax machine, on-line time-sharing, postage, shipping costs and other related costs for your organization's operations.
- **Fundraising/Development**. Expenses associated with fundraising activities to benefit the organization.
- **Marketing.** Cost related to marketing and advertising used to promote the organization or the sale of organization products, services or activities.
- **Supplies.** Expenditures for materials and supplies necessary for the day-to-day operations of your organization.
- **Equipment**. Expenditures for equipment necessary for the day-to-day operations of your organization.

  (Facilities)

- **Rent/Mortgage.** Expenditures for rent/mortgage for your organization's space.
- **Utilities.** Expenditures for electricity, water, gas, etc. Maintenance. Expenditures for janitorial services, buildings and grounds and exhibitions.
- **Maintenance.** Expenditures for janitorial services, buildings and grounds and exhibitions

C-D. Surplus or Deficit

(Surplus/Deficit). Applicant should note if there is a surplus or deficit in the appropriate space under the appropriate column. Use Section G to elaborate, if necessary.

E. Restricted Funds

(Temporarily Restricted Funds)

- Enter all funds that reflect assets with a doner-imposed stipulation that expires at a specific time or require an action by the organization to release the funds. Any funds released during the fiscal year (of the form) should be entered in the Unrestricted funds column. Enter here only funds that will be released at a future fiscal year and are being restricted on a temporary basis. Generally, this reflects funds that have been set aside for upcoming projects, acquisitions, special collections funds, etc.

(Permanently Restricted Funds)

- Enter all funds with donor-imposed stipulations that do not expire by passage of time nor can be released by action taken by your organization. Generally, this reflects funds in endowments, other long term investments, etc.

F. Capital Expenditures

These are funds raised for new construction, major renovations, large pieces of equipment, etc. Do not include capital expenditures in your operating budget. Do not treat as temporarily restricted funds and transfer into your general operating budget upon expenditure. This is information only.

G. Discussion

Use this space to discuss any aspect of your budget that requires clarification or to explain any special conditions regarding your surplus or deficit.

VI. Organization Summary

Applicants for General Operating Support for Museums

Description of Organization

- Provide a brief historical perspective of your museum. You are not required to submit promotional materials if your organization has a website. If your organization does not have a website, submit one sample (7 copies) of promotional material (e.g. an annual report) that best describes the organization.

Planning

- Discuss how planning takes place in your museum. What types of plans have been completed to date? What are your long-range plans? How will PHMC funds help to strengthen and sustain your museum?

Audience

- State who constitutes the museum's audience; what efforts are employed to attract groups that may not visit the museum; what are the visitation policies; and what levels of public participation are available.

Collections

- State the kinds of collections the museum has and how they support the museum's mission statement; what are their significance to the heritage of the community and to special audiences; how are the collections used (e.g., for exhibitions, research, education, etc.); and what are the museum's practices for the care of its collections.

Exhibitions

- Indicate the types of exhibitions (permanent, temporary, on-loan) the museum has; what is the exhibition philosophy; how are the exhibitions developed and evaluated; how are the exhibitions interpreted; and how do they meet the interests of the community.

Education

- State what types of educational programs the museum provides (include outreach and in-house); who are the audiences that are earmarked for these programs; what is the educational philosophy of the museum; and how are the educational programs developed and evaluated.

Staffing

- Indicate the qualifications and responsibilities of the museum's permanent staff (paid or volunteer); what opportunities do they have for training; and how are volunteers and seasonal staff utilized.

Outreach

- Indicate the kinds of collaborative activities that the museum participates in with other museums, schools, community groups, etc.; how these collaborations have enhanced the quality of the museum's offerings and have met the interests of the community; and what mentorships the museum has undertaken with smaller museums or other nonprofit groups.

Applicants for General Operating Support for Official County Historical Societies

Description of Organization

- Provide a brief historical perspective of your organization together with a statement justifying your status as the official county historical society. You are not required to submit promotional material if your organization has a website. If your organization does not have a website, submit one sample (7 copies) of promotional material (e.g. an annual report) that best describes the organization.

Eligibility Criteria

Describe what way beyond the minimum your historical society qualifies under each of the following eligibility criteria:

- incorporated and operating for a minimum of two years as a membership group with at least 100 paid members prior to filing the application;

- holds at least one public meeting per year;

- has properly adopted constitution and bylaws and has elected officers to conduct the business of the society;

- has a permanent physical facility wherein books, documents, papers and other objects of historical interest are deposited and available to the public;

- sponsors programs relevant to county history, including educational and public programs; and

- conducts an active research and publications program.

Public/Community Benefits

- Describe the anticipated benefits of this funding to your organization and to the general public. Include as appropriate a discussion of how the funding will help meet long-range planning needs and will improve the professional quality of the organization, or how the funds will expand programs and will benefit the general public with quality services.

VII. Grant Budget

Provide a detailed proposed budget by the Categories of Expenditures indicated on the application form.

- Column 1 (Categories of Expenditures). Under each category of expenditure, list specific expenditures as they relate to that category.
- Column 2 (PHMC Funds). Applicants for General Operating Support Grants for Museums will list expenditure amounts in this column only.
- Column 3 (Match Funds). Applicants for General Operating Support Grants for Official County Historical Societies will list expenditure amounts in this column, as well as in the preceding column. Matching funds must be cash.
- Column 4 (Subtotals). Add PHMC Funds and Match Funds for the specific expenditure and insert this amount in this column. Applicants for General Operating Support Grants for Museums should repeat the amount from Column 2.
- Column 5 (Totals). Under each category of expenditure add the figures in Column 4 and enter this amount.
- Add all "Totals" to obtain "Grand Total All Costs."

VIII. Matching Share

A condition of eligibility for General Operating Support Grants for Official County Historical Societies is that the historical society must be certified as the official county historical society by local government and must be receiving general operating cash support from the county. Please check (by inserting date) that the appropriate certification letter has been obtained from your county commissioners. A copy is not required at this time. A copy will be required if you are awarded a grant and at the time you sign a grant agreement with the Commonwealth of Pennsylvania.

Applicants for General Operating Support Grants for Museums need not complete this section.

IX. Checklist

A checklist for submission is part of the application. Please use it to make sure that the application is complete.

X. Certification and Statement of Assurances

An original signature on your application is not required at this time. Please simply check the appropriate box.

REQUIRED ATTACHMENTS

Include the following required attachments:

- A copy of the IRS letter indicating the applicant's taxexempt status (501(c)(3)). if applicable; and
- One sample (7 copies) of promotional material which describes the organization and its services, if applicable.

ASSEMBLING THE APPLICATION

Applications must be typed. DO NOT use plastic covers, binders or folders. DO NOT staple the application. DO clip the application and attachments together at the top left corner.

Arrange the application and attachments in the following manner:

- Cover Letter
- Completed Application Form
- IRS Tax-Exempt Documentation 501(c)(3), if applicable
- Sample (7 copies) of Promotional Material, if applicable

Processing Your Application

Criteria for Evaulation
General Operating Support Grants for Museums

General Operating Support Grants for Museums are awarded on a competitive basis. Grant applications will be evaluated using the following criteria:

- the impact of the museum in the community, the county and the region;
- the excellence of the collections and measures taken to care for the collections;
- the quality, type and extent of the exhibition programs;
- the diversity of educational programs including outreach efforts;
- the diversity, quality and qualifications of the staff;
- the level of visitation and impact on various types of audiences;
- the degree to which the institution works in partnership with other groups and mentoring activities;
- the status of accreditation;
- the quality and amount of planning for the future of the museum; and
- the quality of the application in terms of adherence to format, completeness and accuracy

General Operating Support Grants for Official County Historical Societies

General Operating Support Grants for Official County Historical Societies are noncompetitive grants. Grant applications, however, will be reviewed using the following criteria:

- the soundness and detail of the proposed budget;
- the degree to which the applicant addresses the "Eligibility Requirements;"
- the degree to which the funding will help meet long range planning needs;
- the degree to which the funding will help improve the professional quality of the institution; and
- the benefit to the public; and
- the quality of the application in terms of adherence to format, completeness and accuracy.

Application Mailing Address

Application packages must be mailed. Hand-delivered applications will not be accepted. Applications sent by mail must be postmarked by the appropriate application submission deadline.

Send applications to:

Pennsylvania Historical and Museum Commission
Bureau for Historic Preservation
Commonwealth Keystone Building, 2nd Floor
400 North Street
Harrisburg, Pennsylvania 17120-0093

Attention: Stephanie Byrd

Application Mailing Standards

Applications must be postmarked by the Application Submission Deadline.

Applicants should retain acceptable proof of mailing such as a legible U.S. Postal Service dated postmark, a legible receipt stamped by the U.S. Postal Service, or a legible dated shipping label, invoice, or receipt from a commercial carrier. Private metered postmarks or private mail receipts will not be accepted without a legible date stamped by the U.S. Postal Service. (NOTE: The U.S. Postal Service does not always postmark a package when it receives it. Applicants should specifically request and verify that the envelope has been properly date stamped.) First class, certified or registered mail is recommended.
Late applications will be returned without being reviewed.

Notification of Award

All competitive grants are evaluated by peer review panels.
Only eligible and complete applications will be considered.
Eligible applicants will receive notification of the status of their request approximately four to five months after the application submission deadline.