



mid-america
arts alliance

Thank you for your interest in the Hands-on Experiential Learning Project (HELP). This application will assist us in selecting candidates for HELP. To apply for the project complete this form and mail or fax it back to us. Please do not hesitate to call Rachel Saalweachter, project assistant, at 816-421-1388, ext. 225, if you have questions.

Some questions may not apply to your organization. Please fill out this form as fully as possible.

Organization/Museum Name _____

Contact Name _____ Title _____

Street Address _____

Mailing Address (if different) _____

City, State, Zip _____

Telephone _____ Fax _____

Email address _____

Website address _____

DUNS number _____

1. How long have the following people been associated with this museum? (choose one for each)

Director/Museum Contact less than 1 year 1-3 years 4-6 years 7-10 years above 10 years

Board President less than 1 year 1-3 years 4-6 years 7-10 years above 10 years

2. Months/days and hours venue/museum is open _____

3. Number of paid staff: _____ full-time _____ part-time

4. Number of volunteers: _____ full-time _____ part-time

5. Annual operating budget: \$ _____

6. What is your estimated annual attendance? _____

7. What is your governing authority?

- 501(c)(3) Private Nonprofit
- University/College
- Other _____
- Don't Know
- City/County/State
- Federal
- Tribal

8. Does your organization collect objects? Yes No

8a. If so, what kind of collections do you maintain?

9. Please check the circle that best describes your priorities for institutional improvement.

Areas of Improvement

Level of Priority

	High	Low
Long-range planning & development strategies.....	<input type="radio"/>	<input type="radio"/>
Clarified board/staff roles & responsibilities.....	<input type="radio"/>	<input type="radio"/>
Mission & orientation.....	<input type="radio"/>	<input type="radio"/>
Nonprofit compliance & ethics.....	<input type="radio"/>	<input type="radio"/>
Fiduciary responsibilities.....	<input type="radio"/>	<input type="radio"/>
Board management practices.....	<input type="radio"/>	<input type="radio"/>

Please attach the following to your application:

- 1. A list of your board members with names and titles.**
- 2. On one separate sheet of paper, tell us how this program will benefit your organization.**
- 3. A brochure from your institution (if available).**

I believe the information submitted on this application to be correct. By submitting this application the undersigned requests this organization be a candidate for this project.

Signature, Authorizing Official

Title

Printed Name: _____

Date: _____

Please email, fax, or mail this completed form to:



Rachel Saalweachter, professional development assistant
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