

U.S. FEDERATION OF FRIENDS OF MUSEUMS

APPLICATION FORM

USFFM GRANTS FOR SMALL MUSEUMS

2017

Mail to *USFFM, Suite 400, 2001 K St., N. W. Washington, D.C. 20006-1040*

Name of museum _____

Address _____

E-mail _____ Telephone _____

Year Founded _____

Name and title of museum director _____

Type of museum and mission _____

Number of days museum is open every week _____

Museum open hours _____

Number of visitors last year _____

Annual budget _____

Size of paid museum staff _____

Number of museum volunteers _____

Please describe the educational or cultural project you propose that would be helped by the Small Museum grant of \$2,500. If project includes outside professional help or equipment, please describe and estimate any costs.

(Signature)

Date _____