



GRANT PROGRAM

PURPOSE—The Delaware Museum Association (DMA), as funding allows, offers matching grants from \$250 to \$500 to qualified member organizations to assist them in solving administrative, program or technical problems. The program intends to help such organizations obtain basic materials and to promote professional practices.

WHO MAY APPLY—A DMA member historical society or museum in good standing that:

- is incorporated in Delaware as a not for profit organization;
- is located in Delaware for educational and/or preservation purposes;
- owns or utilizes tangible inanimate objects;
- is organized to take care of the artifacts and to exhibit them to the public; and
- interprets Delaware's histories: political, social, natural, scientific, technological, cultural, etc.;

WHAT MAY BE FUNDED—Grants may be requested for training, research, professional curatorial/conservation services, archival/curatorial supplies and other appropriate purposes. Funds **MAY NOT** be used to hold social functions, to buy gifts for members, to increase endowments, to lobby or in any way engage in political activities.

GRANT APPLICATION FORMS, DEADLINES, REVIEW PROCESS AND FUNDING—

Grant requests must be completed on DMA application forms and may be submitted to the DMA Grant Review Panel by February 1 or August 1 each year. Grants will be reviewed by a small panel representing DMA and decisions will be returned to applicants in a timely manner. A grant may commence as soon as the application is approved by the Review Panel or held in abeyance until funds are available.

Note: **NO** organization may receive more than **one** grant per calendar year.

GETTING STARTED—Requests to receive further information on the grants program and/or to secure a grant application forms should be sent to: **Delaware Museum Association, c/o Delaware Heritage Commission, P.O. Box 1555, Dover, DE 19901.**

DELAWARE MUSEUM ASSOCIATION

GRANT APPLICATION FORM

This form may be reproduced electronically or hand written.

Please expand blocks as required.

Name of Applying Organization _____
Street Address _____
City _____ County _____ Zip _____
Contact _____
Telephone (Day) _____
(Evening) _____
Email _____ Fax Number _____

Please complete the questions below. Attach additional sheets as needed.

HOW WILL YOUR ORGANIZATION MATCH THE GRANT? CASH and/or IN KIND?

WHY AND FOR WHAT PURPOSE DOES YOUR ORGANIZATION NEED A DMA GRANT? *Please attach a museum/organization description or flyer.*

WHAT SUPPLIES ARE REQUESTED AND HOW WILL THEY BE USED?

Attach a list of items, quantity, costs, and totals.

WILL THE STAFF (either paid or volunteer) BE INVOLVED? If so, how? Will they receive any training from the experience ?

PROJECT TOTAL COST \$ _____

GRANT FUNDING REQUESTED \$ _____

ORGANIZATION MATCH \$ _____

SIGNATURES AND ASSURANCES

I, the undersigned, certify that all information contained in the application is true and accurate and that I am duly authorized by my museum/organization to sign this document. Applicants receiving a grant are required to comply with all applicable regulations and other laws .

SIGNATURE _____ TITLE _____

NAME (printed) _____ DATE _____

[Send this form and attached pages of explanation to: Delaware Museum Association c/o Delaware Heritage Commission, P.O. Box 1555, Dover, DE 19901.]