



# Application for FOCoS

## Contact Information

Name of Organization: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, NC  
Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Budget Information

Current Annual Budget (include personnel and operating): \$ \_\_\_\_\_  
Full Time Staff: \_\_\_\_\_ Part Time Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_

### Sources of Funding:

- Tax Supported \_\_\_\_\_%
- Private Funding \_\_\_\_\_%
- Grants \_\_\_\_\_%
- Endowment \_\_\_\_\_%

### Governance:

Private \_\_\_\_\_  
Government \_\_\_\_\_  
Non-Profit \_\_\_\_\_

## Expertise Information

Choose two areas of need of assessment:

- Exhibit Design and construction
- Collections management
- Administration of facility structure
- Educational programming
- Enlisting and training volunteers
- Marketing and public relations

To be answered on separate sheets of paper by the site director or project manager (not to exceed four pages total):

- 1) Brief history and description of your site.
- 2) Describe your programs and services.
- 3) Why do you need help specifically in these two areas?

Please also provide the following:

- 1) Last year's income/expense statement
- 2) Current balance sheet

*rev 2018-01-02*

### Applications should be sent to:

[vicepresident@ncmuseums.org](mailto:vicepresident@ncmuseums.org)

Scott Warren  
Vice President, North Carolina Museums Council