

School Programs Travel Grant Information

The Farmers' Museum and the Fenimore Art Museum have been a school field trip destination for many years, and are committed to ensuring that this tradition continues. With funding from donors including Key Bank and the Otis Foundation, we are able to offer travel grants to assist schools with their transportation costs.

If you are looking for travel assistance, please review the below information and fill out the attached information. Grants are awarded on a case-by-case basis.

OVERVIEW

The Fenimore Art Museum and The Farmers' Museum offer unique experiences to study the art, history, and culture of New York State. We have a variety of school programs based in our historic 19th century village, our world-class collection of American Art, and our Native American historic buildings.

BOOKING PROCESS

We offer a variety of tours and workshops. Please review our programs online at FenimoreArtMuseum.org and FarmersMuseum.org.

In general, tours cost \$4.00 for one museum, or \$6.00 for both. Hands-on workshops cost \$6.00.

To be considered for a grant, please call 607-547-1461 to make a tentative reservation. Please indicate that you plan on applying for a grant. **Booking a program is not an indication of grant reward.**

CHAPERONE POLICY

NYSHA encourages one chaperone for every 10 children and we extend complimentary admissions to adult chaperones, including teachers, at this 1:10 ratio. For workshops, we ask for one adult per workshop, and extend complimentary admission to these necessary chaperones. There is also no charge for one-on-one aides assigned to a specific student.

Additional adults above this ratio will be charged an adult group rate, which is \$9.00 for tours and workshops, and \$14.50 for Spring Field Days (which includes admission to both museums) and combination tours/workshops. This adult admission must be included with student admission as one lump payment. **Please include the cost of additional adults in your prepared budget.**

HOW TO APPLY

Please complete the application cover sheet and a narrative meeting the below criteria. Applications are accepted on a rolling basis, and must be submitted at least one month before your proposed trip. Incomplete applications will not be considered.

Funding is awarded on a case-by-case basis, based on your application materials.

Transportation Type: To receive consideration for a grant award, groups traveling by bus must use local school buses or a private bus company. Tours cannot be booked through a third-party agent or tour company.

Administrative Support: All school applications MUST be signed by the school Principal or district Superintendent to show he/she has read, understand, and fully supports the grant application and field trip should it receive funding.

Please note: The contact name on the booking should be the same as the Primary Teacher Applicant Name on the Grant Application Cover Sheet.

Mail, email, or fax the completed application to:

Keelin Purcell
Manager of School and Farm Programs
P.O. Box 30
Cooperstown, NY 13326

Phone: 607-547-1484
k.purcell@nsyha.org
Fax: 607-547-1499

Example Budget

In your budget, indicate the matched and requested costs. NYSHA reserves the right to award both full and partial funding. All funds will be paid upon receipt of an invoice from the requesting school.

Expenditure	Total Cost	Description
XYZ Bus Company	\$300	Transportation to The Fenimore Art Museum and The Farmers' Museum
Admission*	\$200	50 students at \$4 each
School Match	(-\$250)	Provided by PTO
Total Grant Request	\$250	

* Please note that we do not often give grants for admission. Schools are encouraged to use their Arts in Education Funding for admissions.

School Programs Travel Grant Application

Please type or print and attach your Narrative Criteria response.

Read all instructions carefully, and call (607) 547-1484 if you have any questions.

Name of School: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

School District (if applicable): _____

School Federal Employer Identification Number (FEIN #) (**Required**):

(Note: This number is NOT the same as the Tax I.D. #. Please consult your Business Office if you are unsure of this number.)

Primary Teacher Applicant Name: _____

E-mail Address: _____

Phone Number/Extension: _____

Number of Students Participating in Field Trips: _____

Grade Level(s): _____

Number of Free Adult Chaperones (including teachers): _____

Note that we offer complimentary admission to adult chaperones at ratio of one chaperone per 10 students. Please refer to the information sheet for more details on this policy.

Number of One-on-One Aides: _____

Aides assigned to a specific student receive free admission.

Number of Additional Adult Chaperones: _____

Total Number of Attendees: _____

Budget

Please indicate the requested costs, as well as any school contribution or other funding. See the Information sheet for an example budget.

Expenditure	Total Cost	Description
Total Grant Request		

Narrative

With your application, include a one- to two-page narrative addressing the following points:

- Your school's need for the grant
 - If you have visited before, please describe your choice to return.
 - If you have not visited before, please describe why you have selected the Fenimore Art Museum and/or The Farmers' Museum for your field trip.
 - Learning outcomes you hope will be accomplished through your visit.
 - The standards you hope to meet through your visit.
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Agreement

If awarded a grant, I agree to comply with all requirements of this grant application and to submit a detailed invoice, including applicable copies of receipts for expenses upon completion of the field trip. Any funds not expended for this field trip will be returned.

Printed Name of Primary Applicant: _____

Primary Applicant Signature: _____

Date: _____

Required Official School Approval (to be completed by Principal or Superintendent)
I have reviewed the completed application and support this field trip project.

Signature: _____

Printed Name: _____

Title: _____ Date: _____