



MUSEUM VILLAGE 1010 ROUTE 17M, MONROE, NY 10950

School Programs Travel Grant Information

Museum Village in Monroe, New York has been a school field trip destination for many years and is committed to ensuring that this tradition continues. With funding from the Museum's Education Committee, 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 Travel Grant Application below. Grants are awarded on a case-by-case basis.

OVERVIEW

Museum Village offers unique experiences to study the art, history and culture of New York State. Our program is based on our historic 19th century living history village and our eclectic collection of Americana Artifacts. Our Village Sampler allows everyone to experience more hands-on activities.

BOOKING PROCESS

To start the booking process you can either call our office at 845-782-8247 ext 1 or send an e-mail to education@museumvillage.org. Please provide following information: School Name, Contact Person, Class Grade, Number of students, Requested Date and a back-up date and any special requirements.

The Village Sampler Program is \$11.00 per student. To be considered for a grant, you must first schedule a reservation. Please indicate that you plan on applying for a grant.
Booking a program is not an indication of grant reward.

CHAPERONE POLICY

The Museum recommends one chaperone for every 10 students. For every 10 students, one teacher/chaperone is admitted free. All additional teachers/chaperones are \$11.00 each. Nurses and one-to-one aides are always free.

This adult admission should be included with student admission as one 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 prior to your scheduled 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, understands and fully supports the grant application and field trip.

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:

Michael Sosler, Executive Director
Museum Village of Old Smith's Clove
1010 State Route 17M
Monroe, NY 10950
email msosler@museumvillage.org
Phone: 845-782-8248
Fax: 845-782-6432

Sample Budget: In your budget, indicate the matched and requested costs. Museum Village 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
Admission*	\$550.00	*Total Paid Attendance @ \$11.00
XYZ Bus Company	\$300.00	Transportation to Museum Village
School Match	(\$400.00)	Provided by (??)
TOTAL BUDGET	\$450.00	



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tel: 845-782-8248 fax: 845-782-6432 web address: www.museumvillage.org

School Programs Travel Grant Application

GENERAL INFORMATION

Please type or print and attach your Budget and Narrative Criteria response. Read all instructions carefully and call (845)782-8248 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**): _____
(Please 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: _____

Grade Level(s): _____



BUDGET

Number of Students Participating	
Number of Free Adult Chaperones <i>(Please refer to our Chaperone Policy)</i>	
Number of One-on-One Aides	
Number of Additional Adult Chaperones	
TOTAL NUMBER OF ATTENDEES	
TOTAL NUMBER OF PAID ATTENDEES*	

Expenditure	Total Cost	Description
* Admission		* @ \$11.00
TOTAL BUDGET		



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: _____

Title: _____ 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: _____