

North Carolina Science Museums Grant Program

Sample Information Required for 2025 Application (*additional information may be required*)

Eligibility

Please note, all applicants must meet the following eligibility requirements:

1. The museum must be a science center or museum or a children's museum that is physically located in the State.
2. The museum must be open, operating, and exhibiting science or science, technology, engineering, and math (STEM) education objects to the general public at least 120 days of each year for the past two or more years.
3. The museum must be a municipal or nonprofit organization that is exempt from federal income taxes pursuant to section 501(c)3 of the Internal Revenue Code.
4. The museum has on its staff at least one full-time professional person.
5. The museum's governing body has adopted a mission statement that includes language that shows the museum has a concentration on science or STEM education.
6. In its application a detailed plan is necessary for the proposed use of the funds and measurements to demonstrate at the end of the grant cycle that the use of the funds has had the projected results.

Applicant Profile Information

1. Username: *20-character maximum value*
2. Password: *20-character maximum value*
3. Applicant Name: *20-character maximum value*
4. Museum Name: *50-character maximum value*
5. Type of Institution: *Non-Profit or Municipal Government radio button*
6. Billing Street Address: *50-character maximum value*
7. Billing County: *20-character maximum value*
8. Billing City: *20-character maximum value*
9. Billing State: *Drop down menu*
10. Billing Zip Code: *10-character maximum value*
11. Physical Street Address: *50-character maximum value*
12. Physical County: *20-character maximum value*
13. Physical City: *20-character maximum value*
14. Physical State: *Drop down menu*
15. Physical Zip Code: *10-character maximum value*

16. Museum Director: *20-character maximum value*
17. List the roles and responsibilities of the Museum Director: *250-character maximum value*
18. Contact Person for this application: *20-character maximum value*
19. Contact Phone Number: *11-character maximum value*
20. Contact E-mail: *50-character maximum value*
21. Tax ID number: *20-character maximum value*
22. Sam.gov Number: *20-character maximum value*
23. Website: *50-character maximum value*
24. Previous Calendar year total physical attendance *20-character maximum value*
25. Mission Statement: *250-character maximum value*
26. Describe how you meet one of the following definitions: Association of Science – Technology Center (ASTC's) definition of a science center ([ASTC Bylaws - Association of Science and Technology Centers](#))The International Council of Museum's (ICOM) definition of a museum ([Museum Definition - International Council of Museums - International Council of Museums](#)); or Association of Children's Museum (ACM's) definition of a children's museum ([About Children's Museums | Find a Children's Museum](#)): *1000-character maximum value*
27. List your operational hours for the past two years: *250-character maximum value*
28. Describe your science or science, technology, engineering, and math (STEM) exhibits for the past two years: *1000-character maximum value*
29. Do you have at least one full-time professional employee as defined by the US Department of Labor? *Yes or No radio button*
30. How many full-time professional positions do you have? *50-character maximum value*
31. Are you a 501(c)3? *Yes or No radio button*
32. Provide a description of your most successful partnership activities and how they contributed to your goals: *1000-character maximum value*
33. Describe how you engage your stakeholders in setting Museum goals: *1000-character maximum value*
34. Has the applicant institution received an audit in the last two years? *Yes or No radio button*
35. If there was an audit, were there any audit findings? *1000-character maximum value*
36. How many individuals are involved in drafting, authorizing and disbursing a check within the applicant institutions? *10-character maximum value*
37. Briefly describe the procedures the applicant has in place to account for grant funds. *1000-character maximum value*

38. **For All Applicants:** For applicant museums that operate on a fiscal year, the actual operating budget for your most recent fiscal year. For museums that operate on a calendar year, the actual operating budget for the most recent calendar year: *File upload*
39. **For Nonprofit Applicants:** Nonprofit applicants shall submit their:
- a. Annual report *File upload*
 - b. Completed State of NC Income Ratio Worksheet (available on the website): *File upload*
 - c. Letter of tax-exempt status from the Internal Revenue Service *File upload*
 - d. A "Conflict of Interest Policy" addressing conflicts of interest that may arise involving your organization's management, employees, and members of the board of directors
File upload
 - e. A list of the Board of Directors/Trustees *File upload*
40. **For Municipal Government Applicants:** The chief financial officer of each county or municipal government that provides funds for the benefit of the museum shall submit a detailed signed statement of documented costs spent for the benefit of the museum that includes documentation of the name, address, title, and telephone number of the person making the assertion that the museum receives funds from the county or municipality for the benefit of the museum: *File upload*
41. Provide **one** document containing letters of support from each of your partners. Do not submit more than six letters of support: *File upload*
42. Provide a proposed budget narrative for how any and all awarded funds will be used: Previously, applicants were required to submit a budget. However, the program now requires a descriptive budget narrative instead and will only request an official budget when contracts are drafted. *File upload*
43. Provide measurable goals for any activity that will benefit from awarded funds: *File upload*