**Museum Assessment Program (MAP)**

**2021 Follow Up Visit Request Form**

**PART ONE**

1. **Name of museum:**
2. **DUNS Number:**
3. **Museum contact person:**
4. **Name of Peer Reviewer** **(*Please note that the Follow Up Visit only allows for one Peer Reviewer to conduct the visit)*:**
5. **Original MAP Assessment Type:**
6. **Dates of original site visit:**
7. **Has your museum participated in a previous MAP Follow Up Visit?** Yes/No

**If so, when?**

1. **Annual Operating Expenses for most recently completed fiscal year:**

***(Include all expenses, regardless of funding source.)***

|  |  |
| --- | --- |
| **FY**  | **Operating Expenses** |
|  |  |

**PART TWO**

1. **What do you want to get out of this visit (what are your goals and objectives for it as they relate to Recommendations from the Final MAP Report) and why?** *(limit answer to ~150 words)*
2. **Tentative dates for 2nd visit:**

*Please note:*

* *If applying for the June 1st deadline, the site visit cannot occur no earlier than June 28th and must be completed by October 15, 2021.*
* *If applying for the September 1st deadline, the site visit cannot occur no earlier than September 27th and must be completed by December 5, 2021.*

1. **Draft agenda for visit:**
*(provide an outline for the visit that includes the basics of who/what/when)*

**PART THREE**

1. **Describe how the museum has already acted on the recommendations and findings of the original report (and if applicable, also from prior Follow Up(s)).**  *(max. 250 words; you do not have to itemize every recommendation in the report)*

**PART FOUR – Required Signatures**

We the undersigned have agreed up on the goals, activities, and agenda listed above and both feel they are acceptable and realistic for the follow up MAP visit. If substantive changes are made we will inform the MAP staff. We have read the MAP Museum Participation Fee Schedule.

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Peer Reviewer Signature Date

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 Museum Representative Date

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 Head of Governing Body Date