OMB Control # 3137-0101  
Expiration Date X/XX/XXXX

**Museum Assessment Program (MAP)  
Follow-Up Visit Request Form**

**PART ONE**

1. Name of museum
2. TIN or EIN number
3. Name of museum representative
4. Title of museum representative
5. Email of museum representative
6. Name of Peer Reviewer (*Please note that only one Peer Reviewer conducts the visit.)*
7. Original MAP Assessment Type
8. Dates of original site visit
9. Has your museum participated in a previous MAP Follow-Up Visit? YES/NO

If YES, when?

1. Annual operating expenses for your most recently completed fiscal year *(Include all expenses, regardless of funding source.)*

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

**PART TWO**

1. List your goals and objectives for the follow-up visit and explain how they relate to the recommendations made in the Final MAP Report. *(Limit your answer to 150 words.)*
2. List your preferred dates for the Follow-Up Visit. *(The visit must be 1-1.5 days in length.)*

*Please note:*

* *If applying for the [insert date] deadline, the site visit cannot occur earlier than [insert date] and must be completed by [insert date].*
* *If applying for the [insert date] deadline, the site visit cannot occur earlier than [insert date] and must be completed by [insert date].*

1. Draft agenda for the Follow-Up Visit

*Provide an outline for the visit that includes the basics of who/what/when/where. Include a list of proposed meetings, interviews, and tours.*

**PART THREE**

1. Describe the actions your museum has already taken in response to the recommendations and findings of the Final MAP Report, and if applicable, from prior Follow-Up Visits. *(Limit your answer to 250 words; you do not need to itemize every recommendation in the report.)*

**PART FOUR**

We the undersigned have agreed upon the goals, activities, and agenda listed above and find them acceptable and realistic for the MAP Follow-Up Visit.

We have read and agree to the MAP Museum Participation Fee Schedule.

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Peer Reviewer Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Reviewer Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Museum Representative Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Museum Representative Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Governing Body Name Date

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Head of Governing Body Signature