

**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?

PART TWO

10. List your goals and objectives for the follow-up visit and explain how they relate to the recommendations made in the Final MAP Report. As a reminder, your goals and objectives **must** be tied to your original MAP. (*Limit your answer to 200 words.*)
11. 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].*
12. 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. These meetings should be tied to the goals and objectives listed above.

PART THREE

13. 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.

Peer Reviewer Name

Date

Peer Reviewer Signature

Museum Representative Name

Date

Museum Representative Signature

Head of Governing Body Name

Date

Head of Governing Body Signature