

Organizational Information

Q 1. Please Provide Your Organizational Information

Organization :

Sdfafds

Contact Name :

Fdsa

Contact Pronouns (I.e She/Hers, They/Them/Their) :

Fdsafdsa

Address :

Fads

City/Town :

Dsadsfdfs

Zip Code :

Dsffdsa

County :

Sdfafds

Email Address :

Fsdafdsa

Phone Number :

A

Q 2. What Is Your Organization's Website Address?

- dsfafdas

Q 3. What Grant Type Are You Applying For?

- GOS

Q 4. What Discipline?

- Media

Q 5. Please Provide Your Organization's Mission.

- dssfad

Q 6. Please Provide One Paragraph Describing The Programming Your Organization Offers.

- dsffast

Q 7. Please Indicate The Types Of Events Your Organization Offers. Check All That Apply.

- Exhibits
- Docent tours

If Other, Please Specify Below :

Fdsa

Q 8. Since The Submission Of Your Last ADA Plan, Please Provide A Brief Overview (350 Words Or Less) Of Your Organization's Access Efforts In A Variety Of Areas, (Policies, Marketing, Programming, Facilities, Etc).

- dsfafads

