

MetLife Foundation

Museum and Community Connections

2010 APPLICATION COVER SHEET

Check the category(s) under which you are applying:

Collaborations Artist Residencies Exhibits Offsite Programming Other

SUBMITTING MUSEUM _____

ADDRESS _____

CITY _____ **STATE & ZIP** _____

CONTACT PERSON FOR QUESTIONS ABOUT THE PROPOSAL:

Name _____ Title _____

Phone (____) _____ Fax (____) _____ Email _____

PROJECT SUMMARY (Please do not exceed the space provided below):

PROJECT STARTING DATE _____ **ENDING DATE** _____

AGE RANGE OF POPULATION SERVED _____ **NUMBER SERVED** _____

AMOUNT REQUESTED (UP TO \$75,000) \$ _____

SIGNATURE OF CHIEF EXECUTIVE OFFICER OF SUBMITTING MUSEUM:

SIGNATURE _____ **DATE** _____

NAME _____ **TITLE** _____

PHONE _____ **EMAIL** _____

Applications must be received by Friday, October 15, 2010.