**CULTURAL AGENCY PROFILE**

This questionnaire is used to gain information about Cultural Agencies that petition the Board of Regents for Certificate of Incorporations for organizations that does not own or hold collections.

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

Office of Cultural Education

New York State Education Department

C/o Lauren Lyons

3023 Cultural Education Center

Albany, NY 12230

Phone: (518) 486-3843

Email: charters@nysed.gov

(Please do not fax this form to us)

**CULTURAL AGENCY PROFILE**

**INSTRUCTIONS**

Please make sure that all questions get answered to the best of your ability and add any additional information you feel necessary. Once completed, please send it with supporting documentation to either the mailing or email address above, or with the certificate of incorporation petition to the New York State Education Department Office of Counsel.

**I. GENERAL INFORMATION**

1. Complete Corporate Name of Organization:

2. Address. (All organizations must have a permanent mailing address. A Post Office Box is acceptable).

P.O. Box or Street:

City:

State and Zip Code:

Telephone number:

E-mail address:

3. Contact Person. Please supply data for a person to be contacted for further information. Telephone number should be where he/she can be reached during normal business hours.

Name:

Telephone:

E-mail address:

4. Which of the following best characterizes the Cultural Organization?

(01) Archive

(02) Art Center

(03) Consortium, Conference or Federation of Cultural Organizations

(04) Friends Group or Support Organization.

(05) Historical Society without collections

(06) Nature Center

(07) Performing Arts Center

(08) Planetarium

(09) Foundation

(10) Other type of Cultural Organization:

PLEASE SPECIFY:

**II. GOVERNING AUTHORITY**

1. Does the organization have a legally constituted Board of Trustees? Yes No

2. Does the organization have a Code of Ethics? Yes No

**III. MEMBERSHIP**

1. Is the organization a membership organization? Yes No

If no, does the organization have a subsidiary which acts as a membership group? Yes No

If both above questions are No, skip to Section IV.

2. In the last three years, has membership increased or decreased? Increase Decreased

3. Describe the membership dues structure.

4. Does the organization hold regularly scheduled membership meetings? Yes No

Are meetings open to the public? Yes No

**IV. STAFF AND LEADERSHIP**

1. Does your organization have a paid professional staff? Yes No

2. Does your organization use the services of any individual who assists by providing advice? (e.g., an official of local government, a college faculty member or employee of a service organization). Yes No

3. Does the organization utilize the services of volunteers? Yes No

4. Does the organization have a program (formal or informal) for training volunteers? Yes No

**V.** **FINANCES**

1. Is the organization tax exempt under a provision of the Internal Revenue Service (IRS) code? Yes No

2. Does the organization have annual budget or a predicted list of expenditure? Yes No

If Yes, please provide.

3. Does the organization complete a yearly audit or financial review? Yes No

**VI. FACILITIES**

1. Does the organization own and/ or rent real property? Yes No

2. If yes, please describe the land and/or buildings by type (school, church, historic structure or site, etc.). Give age or date of construction, size, number of rooms, etc. of the structure(s).

3. Is the building or structure accessible to the handicapped (for example, to a person in a wheelchair)?

Yes No

4. How the space is used (meeting room, collection storage, exhibits, office space, etc.).

5. Does this space have fire, security and climatic control systems? Yes No

Are fire extinguishers available? Yes No

6. Are your facilities open to the public at stated hours without advanced reservations? Yes No

**IX. PROGRAMS AND EDUCATIONAL ACTIVITIES**

1. Does the organization offer educational or public programs? Yes No

2. Does the organization respond to research inquiries from the public? Yes No

3. Does the organization have a program for school age (K-12) children related to the school curriculum?

Yes No

4. What types of special programs or activities does the organization schedule on a regular basis? Yes No

**X. PLANS AND FUTURE**

1. What goals does your organization hope to achieve in the next five years?

A.

B.

C.

D.

E.

F.

2. What goals does your organization hope to achieve in the next ten years?

A.

B.

C.

D.

E.

F.

**Thank you for completing this questionnaire.**

**Supporting Document Checklist**

1. Copies of the organization's governing documents - that is, the Constitution or By-Laws and Code of Ethics. These are required before Incorporation will be granted.

2. List of the names, and addresses of all officers and members of the Board of Trustees, noting those who have special duties or expertise.

3. List of all committees established by the Board.

4. Attach a list showing each position, hours per week and salary, if applicable.

5. Attach a resume for each professional staff member if your organization’s operating budget exceeds $100,000, if applicable.

6. Attach a copy of the organization's IRS tax-exempt letter, if applicable.

7. Budget or list of potential expenditures.

**Please sign and date the questionnaire when you complete it.**

Signature of Preparer:

Title of Preparer:

Date:

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