Museum Assessment Program

APPLICATION

**Postmark Deadline:**

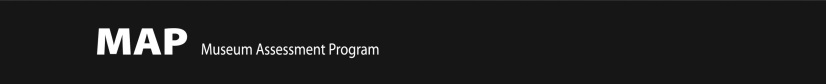
**December 1**

Questions? [map@aam-us.org](mailto:map@aam-us.org) or 202.289.9118



The Museum Assessment Program (MAP) is supported by a cooperative agreement between the Institute of Museum and Library Services and the American Alliance of Museums.

OMB Number 3137-0029 Expiration date 7/31/2018 IMLS-CLR-D-004-a



**About The Museum Assessment Program (MAP)**

The Museum Assessment Program is a technical assistance program that can help your museum attain excellence in operations and planning through a confidential process of self-study and peer review. MAP is part of the Continuum of Excellence and is administered by the American Alliance of Museums. MAP is supported through a cooperative agreement between the Alliance and the Institute of Museum and Library Services.



**About the American Alliance of Museums**

The American Alliance of Museums has been bringing museums together since 1906, helping to develop standards and best practices, gathering and sharing knowledge, and providing advocacy on issues of concern to the entire museum community. With more than 18,000 individual, 3,000 institutional and 300 corporate members, the Alliance is dedicated to ensuring that museums remain a vital part of the American landscape, connecting people with the greatest achievements of the human experience ─ past, present and future. For more information, visit: [www.aam-us.org](http://www.aam-us.org/).



**About the Institute of Museum and Library Services**

The Institute of Museum and Library Services is the primary source of federal support for the nation’s 123,000 libraries and 35,000 museums. The Institute's mission is to create strong libraries and museums that connect people to information and ideas. The Institute works at the national level and in coordination with state and local organizations to sustain heritage, culture, and knowledge; enhance learning and innovation; and support professional development. To learn more about the Institute, please visit: <http://www.imls.gov>.

This information collection is being conducted in conformance with the Museum and Library Services Act of 2010, as amended. IMLS intends to make institutional participation information provided through this form publicly available. However, information specifically identifying any individual will be protected from public disclosure to the extent permitted by law.

The OMB control number, 3137-0029, expires on 07/31/2018. The Institute of Museum and Library Services may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB control number.

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## MUSEUM ASSESSMENT PROGRAM OVERVIEW

**What is MAP?**

For over 30 years MAP has helped over 4,500 small and mid-sized museums of all types through a confidential, consultative process of self-study and a site visit from an expert peer reviewer over one year. MAP helps museums strengthen operations, plan for the future and meet standards. MAP is administered by the American Alliance of Museums (Alliance) and supported through a cooperative agreement with the Institute of Museum and Library Services (IMLS).

MAP provides $4,000 worth of consultative resources and services. MAP is available twice a year with application deadlines of **July 1 and December 1**. To participate, museums pay between $0 - $750.

**Components of MAP: Self-Study and Peer Review**

Self-Study Workbook and Activities

The Self-Study Workbook and Activities are designed to help your institution see itself systemically and prepare the peer reviewer for the visit. Self-study is a method that:

* stimulates a review of your institution’s policies, procedures, and records;
* enhances institutional dialogue and openness;
* informs the peer review phase;
* encourages new ways of operating; and
* serves as a baseline against which to measure your museum’s progress

Peer Review

MAP Peer Reviewers are museum professionals volunteering their time. They review your museum’s self-study materials, visit the museum in a 1-2 site visit, and write a report. Peer review provides:

* the opportunity to critically review your operations with the benefit of a fresh perspective
* validation and input from an experienced museum professional
* consultative advice to help your museum improve

**Benefits of MAP**

MAP will help your museum reach its full potential. Participating in MAP leads to:

* an increased level of professionalism among museum staff;
* improved communications between staff, board, and other constituencies;
* a clearer focus on the museum’s mission and planning;
* greater credibility with potential funders and donors; and
* national recognition of the museum’s desire to achieve excellence through self-improvement.

As a MAP participant, your museum will also have access to a number of resources including:

* Alliance’s Museum Essentials Webinar series
* Alliance’s Information Center and online Resource Library
* MAP Bookshelf
* MAP Online Community
* MAP Grant Proposal-Writing Toolkit
* MAP Promotion Toolkit
* MAP Webinars

**Assessment Types**

There are three different MAP assessment types to choose from:

Organizational Assessment

Reviews all operational areas. Upon completion, a museum is better prepared to operate as a 21st century museum with a strong understanding of core museum standards and good practices that support sustainability. This assessment places significant emphasis on strategic planning as well as ensuring operations and resources align with the museum’s mission.

Collections Stewardship Assessment

Focuses on collections policies, planning, access and documentation within the context of the museum’s total operations. The scope of the assessment includes collections care and use, acquisitions and deaccessioning, legal, ethical, and safety issues, documentation, inventory, and emergency planning.

**If applying for the Collections Stewardship Assessment,** MAP staff strongly recommends that the museum has a collections management policy or draft ready before the site visit. This recommendation is based on feedback from Peer Reviewers, who find that they can be of greatest help to the museum if there is a policy or draft policy on which they can comment.

Community Engagement Assessment

Assesses the museum’s understanding of and relationship with its various communities and the communities’ perception of and experience with the museum. It helps museums gather better input from their constituents, develop a more nuanced view about the community’s demographics and needs, respond to the changing nature of its audiences and incorporate these findings into planning and operational decisions. It helps museums form new collaborations and strengthen old ones.

**If applying for the Community Engagement Assessment**, MAP staff strongly recommends that the museum have a:

* A formal and approved mission statement. An approved mission statement indicates a clear institutional self-image that can be tested against the community’s perception.
* Previous experience with self-study, as that helps you manage assessment logistics, which need to involve members of your museum’s community and audiences.
* An established process for institutional/strategic planning, ensuring a way of using the large amount of information that will result from your museum’s self-study and report.

**Assessment Type Objectives**

Below is a list of common objectives for each assessment, which will help you fill out and determine which assessment type is best for your museum. In your application, you will state up to 3 objectives that will inform your MAP review. Objectives can be changed during the process if needed.

|  |  |  |
| --- | --- | --- |
| **SAMPLE OBJECTIVES** | | |
| **Organizational** | **Collections Stewardship** | **Community Engagement** |
| Increase staff and/or governing authority’s knowledge about   * respective roles and responsibilities of governing authority and staff * museum standards and best practices * resources available to help the museum   Improve alignment of   * operations to mission * resources to mission * organizational structure to mission   Improve ability to   * develop a mission statement or refine the existing mission statement * develop an institutional plan * develop/review/revise policies and procedures * assess facilities management needs * manage risk * manage renovation, expansion or the construction of a new facility * improve financial sustainability * care for collections * engage the community   Prepare for accreditation or reaccreditation. | Increase staff and/or governing authority’s knowledge about collections standards and best practices.  Improve alignment of   * collections with mission * collections with the institutional plan   Improve the museum’s ability to:   * write a collections plan * raise funds to support the collections * improve collections stewardship * prioritize long-term collections management issues * develop/review/revise collections policies and procedures * manage risk   Assess needs in the areas of   * collections management staffing * facilities management   Prepare for accreditation or reaccreditation | Improve the alignment of   * mission with audience and community * resource allocation with audience and community needs     Increase understanding of the   * museum’s community and stakeholders * how the museum is perceived by its audiences and community   Improve ability to   * communicate with the community * serve its audiences * identify and develop potential audiences * create collaborations to address community needs * incorporate community needs into long-range plans * conduct an audience evaluation * improve visitor services * meet audience needs through exhibitions and programming * write/review/revise policies and procedures * write a long-range interpretive plan * write an emergency management plan   Prepare for accreditation or reaccreditation |

**MAP Process**

*(December 1 Deadline)*

The MAP process consists of:

* application
* self-study
* peer review

The following is an overview of the main pieces of the MAP process. Once in the program, your museum will get more details and reminders about each step.

**Fall: Application**

* Ensure eligibility
* Secure institutional commitment
* Pick an Assessment type
* Select objectives
* Form an Assessment Team
* Complete and submit the application by **December 1 (postmark)**
* Receive notification of acceptance
* Sign and return acceptance letter
* Access the MAP Online Community
* Pay fee (if applicable)
* Begin the Self-Study Workbook and Activities

**Winter: Self Study & Peer Reviewer Selection**

* Participate in the Introductory Webinar
* Receive MAP bookshelf
* Receive, rate and return list of potential Peer Reviewers
* Receive Site Visit Information Packet with Peer Reviewer's information
* Work on the Self-Study Workbook and Activities
* Contact the Peer Reviewer to schedule site visit and develop visit agenda
* Inform MAP staff of site visit date

**Spring: Site Visit Preparation**

* Participate in Site Visit Preparation Webinar
* Send the completed Self-Study Workbook and Activity summaries to MAP office and Peer Reviewer by **May 15**
* Compile and provide additional documentation to Peer Reviewer

**Summer: Site Visit and Report**

* 1 – 2 day site visit **between** **May 15 and** **July 15**
* Receive peer reviewer’s report 10-12 weeks after visit
* Participate in Report Implementation Webinar
* End of formal MAP assessment period

**After the Report: Implementation**

* Begin/plan for implementing recommendations from the Peer Reviewer’s report
* Integrate them into your museum’s plans
* Follow-up with the Peer Reviewer with any questions and for recommendation clarification

**Committing to MAP**

For your museum to benefit from MAP, the process needs to be an institutional priority. Committing to MAP includes

* meeting deadlines
* involving the staff and governing authority for a year
* engaging the museum’s internal and external communities
* evaluating the process

**The Assessment Team**

The Assessment Team is a critical part of the MAP process. Participating involves a significant time commitment. Key paid and unpaid staff, members of your governing authority, and other important constituencies should be involved. The Assessment Team is responsible for conducting the assessment and integrating it into the museum’s planning and implementation process. Members of the team can change as needed during the MAP process.

Who from your organization should be on this team? People with the:

* knowledge about how things really work or don’t work at your organization, about what resources are available, about how to get things done
* authority to make decisions about policies or procedures
* responsibility for implementing decisions arising from the assessment and subsequent planning

Consider who should be the **primary contact**—it may be a member of your governing authority, the director, or another staff member with appropriate skills to lead a team. Generally we do not recommend having the development director or grant writer lead the team. Notify MAP staff if the primary contact changes during the MAP process.

|  |  |  |
| --- | --- | --- |
| **MAP Role** | **Time Commitment** | **Obligations** |
| **Primary Contact**  Select either:   * Director * Board Chair * Other Senior Staff Member | * 5 – 10 hours on the MAP application * 40 hours on the self-study workbook * 5 - 10 hours working with the peer reviewer before the site visit * 10 - 20 hours during the site visit | * Serves as the main liaison with MAP offices * Works as museum’s project manager for MAP * Submits required documents to MAP office by deadline dates * Communicates with peer reviewer * Coordinates the site visit agenda with peer reviewer and museum * Receives the report * Shares the report as needed * Coordinates implementing report suggestions |
| **Assessment Team Member**  May include:   * Key staff * Board members * Volunteers * Interns | * 10 – 15 hours per person on the self-study workbook * 5 - 10 hours per person during the site visit | * Answers group questions in self-study workbook * Participates in self-study workbook activities * Available during the site visit to meet with peer reviewer |
| **Other Museum Stakeholder** (Non-Assessment Team Member)  May include:   * Other staff * Additional board members * Other volunteers * Interns * Student workers * Community members | * Potentially up to 5 hours per person on the self-study workbook * Potentially up to 5 hours per person during the site visit | * May be needed to answer questions or participate in activities for the self-study workbook * May be needed to meet with the peer reviewer during the site visit |

**Evaluation**

Completing evaluations are part of your museum’s commitment to MAP. Your museum will be asked to return evaluations at all stages of the MAP process: application, self-study, post site visit, and during implementation after completing the program. Your comments on the assessment process will help us to improve it for future users. Your feedback is also required as a part of MAP’s obligation to IMLS. We welcome your comments and observations at any point during the assessment.

**ELIGIBILITY**

Eligible institutions include aquariums, art museums, children/youth museums, ***general museums,*[[1]](#footnote-1)** historic houses/sites, history museums, natural history/anthropology museums, nature centers, planetariums, public gardens, science/technology museums, ***specialized museums*** and zoos.

The applicant museum must:

* be organized on a permanent basis for essentially educational or aesthetic purposes;
* care for and owns or uses ***tangible objects***, whether animate or inanimate, and exhibits these objects on a regular basis through facilities it owns or operates;
* be a unit of state or local government or a private nonprofit organization [501(c)3];
* have at least **one professional staff member or the full-time equivalent**, whether paid or unpaid, whose responsibilities relate solely to the museum’s services and operations;
* be open and providing museum services to the general public on a regular basis (a museum that exhibits objects to the general public for **at least 90 days a year** fulfills this requirement). If a museum is not scheduled to be open to the public 90 days a year, it is still eligible to participate in MAP if it can demonstrate that it was open at least 90 days in the preceding year through a combination of scheduled days open and days open by appointment;
* be located in one of the fifty states of the U.S., the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau; and
* not be operated by the Federal government. Federal museums can participate via our flexible participation option. Contact MAP staff for more information.

**Museums with Parent Organizations**

Museums that operate within a non-federal parent organization are eligible to apply and participate in MAP. A museum operated within a multi-purpose public or private nonprofit organization such as a municipality, university, historical society, foundation, or cultural center may apply on its own behalf if:

* the museum is able to independently fulfill all the requirements for eligibility listed above;
* functions as a discrete unit within the ***parent organization***;
* has its own fully segregated and itemized operating budget; and
* has the authority to apply on its own.

When any of the last three conditions cannot be met, a museum may apply through its parent organization, and the parent organization may submit an application(s) for one or more of its museums.

## Previous MAPs and Repeating a MAP Assessment (ReMAP)

Museums previously awarded an IMLS-funded MAP assessment are eligible to participate again in the same type of assessment if **seven years** have passed since the original assessment.

All MAP applicants that have done a MAP previously are asked to demonstrate their accomplishments since their last assessment and explain why they are seeking a new assessment by answering brief questions on page 25 of the application. Contact the MAP office if you need to inquire about your museum’s previous participation.

## FUNDING AND COST INFORMATION

Through a Cooperative Agreement with IMLS, the Alliance is able to offer MAP assessments at a low cost to your institution. Use the table below to determine your museum’s costs. **Your museum will be invoiced for its participation fee after it is accepted into MAP**.

|  |  |
| --- | --- |
| **Museum Annual Operating Expenses** | **Participation Costs** |
| $125,000 or less | Free |
| $125,001-$400,000 | $350.00 |
| $400,001-$1 Million | $550.00 |
| Greater than $1 Million | $750.00 |

Other possible costs:

* $1,350 to add a second peer reviewer (optional)
* Peer Reviewer site visit travel expenses that exceed the $950 cap set by MAP
* Costs associated with food or beverage for when the Peer Reviewer(s) is on-site
* Postage, photocopying, and long-distance telephone charges

Your MAP award includes the following, valued at approximately $4,000:

* MAP Self-Study Materials
* Approved Peer Reviewer travel expenses for one Peer Reviewer per assessment; cap of $950. Expenses include transportation, food, and lodging
* Peer Reviewer honorarium—$400
* The Alliance’s Information Center and Museum Essentials Webinar Series
* MAP Bookshelf worth over $150 from the Alliance Bookstore
* MAP Online Community

*Please note: while referred to as a MAP “grant,” the Alliance does not directly disperse any money to your museum.*

### Peer Reviewer Expenses

Your museum’s Peer Reviewer generally makes his/her own travel arrangements. Peer Reviewers are reimbursed by the Alliance. We encourage museums to work closely with Peer Reviewers to provide suggestions on where to stay, etc., in order to keep expenses under the $950 cap. If the museum pays for any expense on behalf of the Peer Reviewer, the museum can seek reimbursement from the Alliance. **If the Peer Reviewer’s travel exceeds $950, the museum may be responsible for covering the additional costs.**

### Number of Peer Reviewers

Each museum receives **one** Peer Reviewer to conduct its site visit and write an assessment report.

If your museum would like **two** Peer Reviewers for its site visit, a second Peer Reviewer costs $1,350 ($400 honorarium plus $950 for travel expenses).The museum may be responsible for any peer reviewer costs exceeding the $950 cap.

Large, complex museums or museums with multiple sites may want to consider having a second Peer Reviewer. Benefits of having more than one Peer Reviewer include:

* Multiple perspectives on complex situations
* Ability to meet with more staff and governing authority members face-to-face because Peer Reviewers can split up the duties
* Peer Reviewers with different areas of expertise can concentrate their focus on those areas, matching their expertise to the needs of the participating museum
* Museums preparing for accreditation or reaccreditation may benefit from multiple perspectives

**APPLICATION GUIDELINES**

**Application Format**

**The application is available in two formats: a simple open Word document with no formatting and a Word version with defined fill-in fields (See the Apply section of** [**www.aam-us.org/map**](http://www.aam-us.org/map)**).**

In the open Word format, you have the flexibility of formatting the document as you please, having the option of spell check and you have full access to all Word functions. However, in this format, you do not have the convenience of box-checking, which may expedite your completion of the application.

**Required Application Materials**

The application takes an average of 5-7 hours to complete.

### DUNS

Organizations must provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. Organizations can receive a DUNS number at no cost by calling the toll-free request line at 1-800-526-9018 or by visiting [www.dnb.com](http://www.dnb.com).

### TIN or EIN

A TIN or EIN is a nine-digit number that the IRS assigns to business entities. The IRS uses this number to identify taxpayers who are required to file various business tax returns.

### Proof of Non-Profit Status

If your organization is incorporated as a non-profit, you must submit a copy of the Federal IRS letter indicating your organization’s eligibility for nonprofit status under the applicable provisions of the Internal Revenue Code of 1954, as amended. A letter of state sales tax exemption is not accepted as proof of nonprofit status.

### Letter from Parent Organization

If your organization operates as part of a unit of state or local government or other tax-exempt multipurpose organization such as a university, you must submit an official document identifying the museum as such and supporting participation in MAP. The certification must be on the parent organization’s letterhead, and must refer to the relationship between the parent organization and the applicant, and it must be signed by an official of the parent organization.

Example parent letter:

*The SAMPLE MUSEUM is owned and operated by the SAMPLE PARENT ORGANIZATION. We support the SAMPLE MUSEUM’s participation in the Museum Assessment Program.*

### Eligibility Sample Answers

To show your museum’s eligibility for MAP, you must provide information about its hours of operation and staffing starting on page 17, as shown in the example below:

**Sample Museum Schedule**

example

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date to Date** | **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| 1/15-3/15 |  |  |  | 1- 5pm | 1- 5pm | 1- 5pm | 1 - 5pm |
| 3/15-9/15 | 1 - 5pm | 1 - 5pm | 1 - 5pm | 1 - 5pm | 1 - 5pm | 1 – 5pm | 1 - 5pm |
| 9/16 to 1/14 |  |  |  | 1 - 5pm | 1 - 5pm | 1 – 5pm | 1 - 5pm |

If your museum does not have regularly scheduled hours, or if the regular hours does not equal 90 days, please list additional dates that the museum was open outside the normal operating schedule and the reason the museum was open.

Example:

* April 7 – Girl Scout troop visit
* April 15 – Homeschool tour
* April 17 – Retirement center tour

**Sample Staffing**

example

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: Martin Free\_ **Title**: Site Manager X volunteer paid | | | | | | | | |
| **Hours per week:** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| (fill in work hours for each day and total for week) | 0 | 4 | 6 | 6 | 8 | 8 | 4 | 36 |
| **Responsibilities:** Responsible for daily oversight of the museum, collections management, educational programming, and fund raising | | | | | | | | |

If your museum has job descriptions, please include them in addition to listing of staff responsibilities in the chart. If your museum does not have formal job descriptions then either include an expanded list of the person’s role and responsibilities or a separate sheet listing the individual’s role.

Only include one person per position. If your museum has multiple people fulfilling the same functional role, list each person’s hours separately.

**Assembling the Package**

**Before e-mailing or mailing your application, be certain all information is complete:**

Original signatures(can be scanned)

Previous MAP questions on page 25 (see page 10 for instructions)

Proof of Nonprofit Status (see page 12 for instructions)

Signed Parent Letter—if applicable (see page 12 for instructions)

Job descriptions for staff (see page 13 for instructions)

Promotional piece—could include a brochure or rackcard. (This can be sent electronically.)

An organizational chart, if available

**Submitting your Application**

Applications from eligible institutions will be accepted on a noncompetitive basis until the ***July 1, 2015*** postmark deadline. *Please send your application using only one method: e-mail or mail. MAP staff will confirm receipt of all application materials within one week.*

Email: [map@aam-us.org](mailto:map@aam-us.org). *Please note that if the application is bigger than 5 MB, you will need to split it into parts and send in multiple emails or use an online file transfer service.*

Mail:

**Museum Assessment Program**

**American Alliance of Museums**

**2451 Crystal Drive, Suite 1005**

**Arlington, VA 22202**

For questions about the application process or about readiness issues, contact the Museum Assessment Program staff at (202) 289-9118 or [map@aam-us.org](mailto:map@aam-us.org).

### Next Steps

### Application Notification

Museum Assessment Program staff will notify you within one week when your application has been received. If you have not received an email within one week, contact the MAP office to make sure we’ve received your application. MAP staff may need to contact you with questions about your application. Delayed responses to staff inquires may jeopardize your eligibility for the program.

### Acceptance Notification

Museum Assessment Program staff will process your application and notify you of your acceptance status in the program approximately 30 days after the application deadline. If accepted, MAP staff will e-mail an acceptance letter, which you will be required to sign and return by the stated deadline. **Any participation fees will be invoiced after acceptance. Payment is required within 30 days of the date of the invoice.**

### Withdrawal Policy

Sometimes museums need to withdraw from the Museum Assessment Program due to unforeseen circumstances that impact availability of staff and governing authority, or because the Alliance staff determines that the museum is not moving forward in the program.

## GLOSSARY

**Best Practices:** Commendable actions and philosophies that successfully solve problems, can be replicated, and demonstrate an awareness of standards.

**Dual governance:** a governance structure in which two separate legal entities share governance of the museum. This involves dividing or sharing basic governance responsibilities such as determining mission and purpose; hiring, supporting, and evaluating the director; strategic planning; obtaining and managing resources; and monitoring the organization's programs and services. For example: a museum jointly governed by a city government, which owns the collections and the building and hires the staff, and a private nonprofit, which determines museum policy and operates the museum. Does not automatically include museums that have separately incorporated friends organizations, unless the friends organization has significant responsibility for governance of the museum.

**General museum:** a museum that addresses two or more disciplines to a significant extent; for example, a museum that interprets both art and history, or both history and science.

**Governing Authority:** the body with legal and fiduciary responsibility for the museum and for approving museum policy (e.g., Board of Commissioners, Board of Directors, Board of Managers, Board of Regents, Board of Trustees, City Council, Commission).

**Governing Authority:** The executive body to which the director reports/is responsible. It is charged with the fiduciary responsibility for the museum and for approving museum policy.

**Names of Governing Authority include:** Advisory Council, Board of Commissioners, Board of Directors, Board of Managers, Board of Regents, Board of Trustees, City Council, Commission.

**Head of Governing Authority:** The elected or appointed head of the executive body (governing authority) to which the director reports. For institutions that are part of a larger non-museum parent organization, the head of governing authority is considered to be the individual within the institution’s larger parent organization to whom the director reports/is responsible (e.g., dean or provost of a university, director of parks and recreation for a city government, military post commander, etc.)

**Museum system:** two or more museums or museum facilities that share a common parent organization. The component parts of a museum system may be museums operating independently or quasi-independently with distinct budgets and governing authorities, or may simply be separate, distinguishable sites all managed by the same organization.

**Operating income and expenses:** income generated by or expenditures supporting the museum’s general operations in a given fiscal year, including exhibitions, education, conservation, collections management, collections acquisitions, research, training, development, and administration. Includes any portion of income from the endowment that is applied to operating expenses in a given year. Does not include **capital expenditures**.

**Parent organization:** a larger organization within which a museum operates. Examples of parent organizations are: colleges or universities; tribal, municipal, state, or federal government; state historical societies supervising multiple sites; corporate foundation, etc.

**Specialized museum:** a museum that does not fall into or combine any of the other discipline areas listed in question 14 of the application—for example, a quilt museum, clock museum, and stamp museum.

**Standard:** Generally accepted level of attainment for use as a basis of comparison in measuring or judging performance.

**Tangible objects:** any three-dimensional objects that are used in any way at the museum. Collections managed by virtual museums are not considered to be tangible objects.

**MUSEUM ASSESSMENT PROGRAM APPLICATION**



**INSTITUTIONAL INFORMATION**

Museum Name:

Alternate Name (if any):

Previous Name (if any):

Name of parent organization or friends group applying for this organization, if applicable:

Mailing Address:

City:       State:       Zip:

Physical Address (if different):

City:       State:       Zip:

Telephone:       Fax:       Web Address:       E-mail:

DUNS Number:       TIN (EIN) Number:

*(see page 12 for descriptions)*

Congressional district:

*(If you do not know your museum’s district, go to* [*www.house.gov*](http://www.aam-us.org/lsilberman/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Application/2013%20Application/www.house.gov) *and enter your zip code)*



**MAP ASSESSMENT TYPE** *(see page 5 for descriptions) (Check only one)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Organizational |  | Collections Stewardship |  | Community Engagement |



**NUMBER OF PEER REVIEWERS** *(see page 11 for more details):*

|  |  |  |  |
| --- | --- | --- | --- |
|  | One |  | Two (Cost is an additional $1,350) |



**MAP OBJECTIVES**

1. List three objectives your museum would most like this MAP assessment to accomplish and why. **Please refer to the sample objectives on pages 5-6 for guidance.**

a)

b)

c)

1. What does your museum hope to get out of your MAP participation?



**MAP ASSESSMENT TEAM**

List all members of your anticipated Assessment Team (see page 8). Please indicate which person is your primary point of contact by placing a “1” in the “#” column. Indicate which person is your secondary contact by placing a “2” in the “#” column. (Attach separate sheet, if needed, to list additional Team members.) ***Please note: your museum can have up to two primary contacts.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name (include prefix)** | **Title** | **E-mail** | **Phone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



**ELIGIBILITY**

The following questions are designed to determine your museum’s eligibility to participate in the Museum Assessment Program. If you are uncertain or have questions, please contact MAP staff to discuss. *Note: If your organization is governed by a parent institution, all answers should refer to your museum only.*

1. Is the museum organized as a public or private nonprofit or as a unit of state or local government institution that exists on a permanent basis for essentially educational or aesthetic purposes?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Does the museum own, use, or care for tangible objects, whether animate or inanimate?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Is the museum open and exhibiting to the public at least 90 days a year?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Total number of days the museum was open to the public for the 12-month period prior to application: \_     \_ days

If your museum is not regularly open 90 days a year, please list additional dates that the museum was open outside the normal operating schedule and the reason the museum was open. Feel free to attach on a separate sheet, if needed.

1. List below the museum’s schedule each day of the week. *See page 13 for more information and sample.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date to Date | Sun | Mon | Tue | Wed | Thurs | Fri | Sat |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Does the museum have at least one full-time[[2]](#footnote-2) (paid or unpaid) staff member or the equivalent[[3]](#footnote-3), whose primary duty includes the governance, administration, programming, and collections management of the museum?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

How many people (paid or unpaid) work at the museum?

|  |  |
| --- | --- |
|  | Total number of full-time paid staff |
|  | Total number of part-time[[4]](#footnote-4) paid staff |
|  | Total number of full-time unpaid staff |
|  | Total number of part-time unpaid staff |

1. Does your organization have a director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. If yes, is the director of the museum full-time?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Director’s Name:** | | | | | \_\_\_\_\_\_volunteer | | | \_\_\_\_\_\_ paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | | **Sat** | **Sun** | | **Total** |
|  |  |  |  |  | |  |  | |  |

1. List up to five positions, other than the director, responsible for your museum’s activities and the average number of hours per week each one works. S*ee page 13 for more information.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | \_\_\_\_\_volunteer | | \_\_\_\_\_paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | | **Thurs** | **Fri** | **Sat** | **Sun** | | **Total** |
|  |  |  | |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | \_\_\_\_\_volunteer | | \_\_\_\_\_paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | | **Thurs** | **Fri** | **Sat** | **Sun** | | **Total** |
|  |  |  | |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | \_\_\_\_\_volunteer | | \_\_\_\_\_paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | | **Thurs** | **Fri** | **Sat** | **Sun** | | **Total** |
|  |  |  | |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | \_\_\_\_\_volunteer | | \_\_\_\_\_paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | | **Thurs** | **Fri** | **Sat** | **Sun** | | **Total** |
|  |  |  | |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | \_\_\_\_\_volunteer | | \_\_\_\_\_paid | |
| **Responsibilities (Attach formal Position Description if available):** | | | | | | | | | |
| ***Hours per week*** *(fill in work hours and total for week)* | | | | | | | | | |
| **Mon** | **Tues** | **Wed** | | **Thurs** | **Fri** | **Sat** | **Sun** | | **Total** |
|  |  |  | |  |  |  |  | |  |



**OPERATIONAL INFORMATION**

*Note: These questions do not relate to eligibility. Answers to these questions help us learn more about your organization and match your organization with an appropriate Peer Reviewer.*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Operating Income** | **Operating Expenses** |
| Most recently completed  FY 20 | $ | $ |
| Second most recently completed  FY 20 | $ | $ |

1. What is your museum’s mission?

Is your museum’s mission statement formally approved by your governing authority?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, what is the date it was originally adopted?

When was it last reviewed?

1. Please check which of the following *best* describes your institution. If your museum is a general museum representing more than one discipline, please check all the categories that best describe your museum:

|  |  |
| --- | --- |
|  | Air & Space |
|  | Aquarium |
|  | Arboretum/Botanical Gardens/Public Garden |
|  | Art museum/center |
|  | Children’s/youth museum |
|  | Ethnically/Culturally/Tribally Specific Museum (List:      \_\_\_\_\_) |
|  | General or Multi-Disciplinary museum (a museum representing two or more disciplines equally). |
|  | Hall of Fame |
|  | Historic house/site/landscape |
|  | Historical Society |
|  | History |
|  | Maritime |
|  | Military |
|  | Natural history/anthropology |
|  | Nature center |
|  | Planetarium |
|  | Presidential Library |
|  | Science/technology |
|  | Specialized museum (a museum with collections limited to one narrowly defined discipline—e.g., textiles, stamps, maritime, ethnic group) (List:       \_) |
|  |
|  | Transportation: Specific Area of Focus: |
|  | Visitor Center/Interpretive Center |
|  | Zoological society |

1. Does your museum have a ***parent organization*?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, which *one* of the following *best* describes your museum’s parent organization?

|  |  |
| --- | --- |
|  | a. College/university |
|  | b. Museum or ***museum system*** |
|  | c. Government |
|  | d. Other, Non-Government. Describe here:      \_ |

1. Which *one* of the following *best* describes your museum’s ***governance***? (Please select only *one*: Note: if your museum has a parent organization, please indicate the nature of your *parent’s* governing authority.)

|  |  |
| --- | --- |
|  | a. Municipal |
|  | b. County |
|  | c. State |
|  | d. Federal |
|  | e. Tribal |
|  | f. Private nonprofit |
|  | g. For-profit |
|  | h. **Dual Governance** (which ones:      \_) |
|  | i. Other: |

1. Year the museum was first open and exhibiting to the general public:
2. Museum’s attendance for the 12-month period prior to application:

Onsite \_\_     \_\_\_\_

Offsite \_\_\_     \_\_\_

Virtual/Web \_\_\_     \_\_\_

1. If your institution currently utilizes any social media platform, include addresses:

|  |  |
| --- | --- |
|  | Blog: |
|  | Facebook: |
|  | Twitter: |
|  | YouTube: |
|  | Other: |

1. Briefly describe your museum’s major programs.

1. Briefly describe your major exhibits.

1. If your museum owns, manages or borrows collections items, please indicate the types of objects. Check all that apply.

|  |  |
| --- | --- |
|  | Aeronautics, space/airplanes |
|  | Animals, live |
|  | Animals, preserved |
|  | Anthropological, ethnographic |
|  | Archaeological |
|  | Books |
|  | Ceramics, glass, metals, plastics |
|  | Documents, manuscripts |
|  | Furniture/wooden objects |
|  | Geological, mineral, paleontological |
|  | Historic building |
|  | Historic sites |
|  | Horological (clocks) |
|  | Landscape features, constructed |
|  | Machinery |
|  | Maritime, historic ships |
|  | Medals |
|  | Medical, dental, health, pharmacological |
|  | Military, including weapons |
|  | Motion picture, audiovisual |
|  | Musical instruments |
|  | Numismatics (money) |
|  | Paintings |
|  | Philatelic (stamps) |
|  | Photography, negatives |
|  | Photography, prints |
|  | Physical science projects |
|  | Plants, live |
|  | Plant, preserved |
|  | Sculpture, indoor |
|  | Sculpture, outdoor |
|  | Textiles and costumes |
|  | Tools |
|  | Toys and dolls |
|  | Transportation, excluding airplanes |
|  | Works of art on paper |
|  | Other: |

1. How many objects does the museum have in its collections (actual or estimated)?

1. Briefly describe your museum’s facilities (including buildings and grounds).

1. If your museum is located within a larger facility (e.g., a university gallery within a classroom building), indicate how your museum exercises control over its exhibition or program space.
2. Which of the following plans, policies and documents does your museum have in writing? Check all that apply.

|  |  |
| --- | --- |
|  | Accounting & internal control |
|  | Business support |
|  | Collections management policy |
|  | Collections plan |
|  | Conservation plan |
|  | Emergency/Disaster Preparedness & Recovery Plan |
|  | Facilities use/ facilities rental |
|  | Furnishing plan (historic sites) |
|  | Governance manual |
|  | Housekeeping plan |
|  | Individual donor support |
|  | Institutional code of ethics |
|  | Institutional plan (strategic or long-range) |
|  | Interpretive plan or education master plan |
|  | Investment (e.g. endowment investment) |
|  | Landscaping/grounds maintenance plan |
|  | Marketing plan |
|  | Personnel policy issues (Benefits, Compensation, Diversity, Grievance, Harassment, Performance Management, Personnel Records & Privacy, Separation, etc.) |
|  | Vision/Value statement(s) |
|  | Volunteer manual |
|  | Other (please specify): |

1. Does your museum have some type of institutional planning process in place?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, is it?

|  |  |
| --- | --- |
|  | Formal |
|  | Informal |

If informal, please describe:

1. **For Collections Stewardship Assessment applicants**, does your museum currently have a collections management policy?

|  |  |
| --- | --- |
|  | No, and none in development |
|  | No, but we can guarantee a draft will be in place before the MAP Peer Reviewer’s visit |
|  | Yes, in development |
|  | Yes, and approved by our governing authority |

If the policy is in draft form and not yet approved by your governing authority, explain the status of the draft.

1. Rate the frequency of communication among paid staff, non-paid staff, and governing authority members at your museum.

|  |  |
| --- | --- |
|  | Infrequent |
|  | Somewhat frequent |
|  | Very frequent |
|  | Routine |

1. Within the past five years, has your organization experienced (check all that apply):

|  |  |
| --- | --- |
|  | Significant change of mission/purpose |
|  | Change of executive director |
|  | Sudden Departure/Death of a director |
|  | Retrenchment |
|  | Staff layoffs of 10% or more |
|  | Capital Campaign |
|  | Media Controversy |
|  | Embezzlement/Fiscal Irregularities |
|  | Becoming Accredited |
|  | Turnover of 30% or more of staff |
|  | Violation of Institutional Code of Ethics |
|  | Hiring of first professional staff/director |
|  | Opening a new building or new museum |
|  | Closing a Museum |
|  | Expansion of same facility |
|  | Construction of new facility |
|  | Moving to a different facility |
|  | Restoration of a building |
|  | Acquire a satellite property |
|  | Disaster (flood/fire/earthquake) |
|  | Cancellation of capital improvements or expansion plans |
|  | Budget deficits of 25% or more |
|  | Increase in budget of over 25% |
|  | Loss of significant funding that adversely affected the organization’s ability to fulfill its mission |
|  |  |
|  | Public pressure to cancel or alter exhibit content |
|  | Legal partnership with for-profit entity |
|  | Merger with another institution |
|  | Separation from a parent |
|  | Separation from another museum |
|  | Governance Change |
|  | Founder, serves on Board |
|  | Founder, serves as Director |
|  | Death of a Founder |
|  | Organizational restructuring |
|  | Theft of collections objects |
|  | Acquire significant collection |
|  | Hazardous Materials |
|  | NAGPRA |
|  | Nazi-Era Provenance |
|  | Deaccessioning Issues |
|  | Ownership dispute/claim against museum or repatriation of object(s) |
|  | Other: |

If you checked any of the above, briefly describe the circumstances related to the situation(s):

1. What are the museum’s financial priorities for the next three to five years? Check all that apply.

|  |  |
| --- | --- |
|  | Building operating endowment |
|  | Build other endowment. List fund purpose: |
|  | Capital campaign |
|  | Increase cash reserves |
|  | Increase earned income |
|  | Raise funds for other special project or need (explain): |
|  | Reduce/eliminate debt |
|  | Strengthen overall financial health and stability |
|  | Other (explain): |



**ASSESSMENT HISTORY**

Read the eligibility instructions on page 10 and complete the following questions.

1. Has the museum previously completed an IMLS funded MAP assessment? If so, list years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **Year** | **No** | **Don’t Know** |
| **Collections Stewardship Assessment** |  |  |  |  |
| **Organizational Assessment** |  |  |  |  |
| **Community Engagement Assessment** |  |  |  |  |

If your museum participated in any MAPs in the past, please answer the following questions:

1. Describe what accomplishments your museum has achieved since its previous MAP.

1. Describe your museum’s desire for a new assessment (attach additional pages if needed).

Applicants are not required to have previously participated in other assessment programs, but this information will provide useful background to the peer reviewer.

1. Has your museum participated in:

a) Heritage Preservation’s Conservation Assessment Program?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, what year(s):

b) American Association for State and Local History’s Standards and Excellence Program for History Organizations?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, what year did your museum begin:

Which sections has your museum worked on:

How has StEPs helped your museum prepare for MAP:

c) Alliance’s Core Documents Verification?

|  |  |
| --- | --- |
|  | Yes |
|  | Currently in progress |
|  | No but planning to apply |
|  | No and not planning to apply |

If yes, which documents have passed Core and what years:

|  |  |
| --- | --- |
| **Document Type** | **Year Verified** |
| Mission |  |
| Institutional Code of Ethics |  |
| Institution/Strategic Plan |  |
| Collections Management Policy |  |
| Emergency Response/Disaster Preparedness Plan |  |

d) Has your museum participated in other programs that helped prepare it for MAP?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, what programs:

1. Is the museum considering applying for AAM Accreditation?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |
|  | Already accredited by AAM |

If yes, when does the museum plan to apply:

|  |  |
| --- | --- |
|  | 1-3 years |
|  | 4-5 years |
|  | 6-10 years |
|  | 11 or more years |

**APPLICATION EVALUATION**



1. Including time from all people who participated, approximately how many hours went into preparing and completing this application?
2. How valuable was filling out the MAP application for your thinking about your institution and how it works?

1 2 3 4 5 6 7 8 9 10

(not at all valuable) (very valuable)

a. If you said 1 to 9, what would make it a 10?

1. Thinking about the process you just went through to complete the MAP application, please indicate how much you disagree or agree with the following statements:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Completely*  *Disagree*  1 | 2 | 3 | 4 | 5 | 6 | *Completely*  *Agree*  7 |
| The overall description of the MAP program was clear. |  |  |  |  |  |  |  |
| Instructions for filling out the application were easy to follow. |  |  |  |  |  |  |  |
| Filling out the application was easy to do. |  |  |  |  |  |  |  |
| Filling out the application had educational value for my museum. |  |  |  |  |  |  |  |
| Filling out the application provided opportunities to discuss important institutional priorities. |  |  |  |  |  |  |  |

1. Did you encounter any challenge(s) while filling out the application?

\_\_\_\_ Yes \_\_\_\_ No

a. If Yes, please specify:

1. Did you need to contact MAP staff during the application process?

\_\_\_\_ Yes \_\_\_\_ No

a. If Yes, were they able to help resolve your issue? \_\_\_\_ Yes \_\_\_\_ No

b. If No, please explain.

1. Where did you receive information about MAP? Please check all that apply.

The Alliance website

MAP brochure

From a colleague at my museum

From a colleague at another museum

Session at a national, regional or state museum association (please specify):

Listserv posting (please specify):

Discussion with MAP staff

Discussion with IMLS staff

IMLS website/publication (please specify):

Aviso

Newsletter announcement (please specify):

Other (please specify):

a. If you checked more than one source, which was most influential in your decision to submit a MAP application?

Please provide us with any additional comments on the application process you’d like to share:

## SIGNATURES

We (the undersigned) have examined this MAP Application and agree upon the principle objectives of the Assessment we chose. We have discussed the MAP process with the governing authority and staff (paid and unpaid) and will engage them as appropriate in the steps of the process. We are ready to work together to identify our current stage of development and institutional needs and to facilitate change. We will review all recommendations that come out of the assessment and incorporate them into our planning. We will pay any associated costs to participate (if applicable) and devote the time needed to complete our MAP Assessment within the designated time period.

We have examined this application, and to the best of our knowledge, we hereby certify that the information provided is true and correct and all requirements for a complete Museum Assessment Program application have been fulfilled.

**Two original signatures are required below:**

**Museum Director/CEO’s signature:**\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Name:       Title:       Phone:       E-mail:

**Head of Governing Authority’s (see glossary) signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Name:       Title:       Phone:       E-mail:

**Additional Governing Authority Member’s signature: (only for museums without a Director/CEO)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Name:       Title:       Phone:       E-mail:

\*If there is no museum director, please have the head of the governing authority sign as well as a second person from the Governing Authority.

1. Words in bold and italicized appear in the glossary. [↑](#footnote-ref-1)
2. Full-time is defined as 35 hours per week. [↑](#footnote-ref-2)
3. An equivalent full-time staff member consists of 2-3 part-time paid or unpaid staff members with responsibilities that relate solely to the museum’s services or operations. [↑](#footnote-ref-3)
4. Part-time is defined as less than 35 hours per week. [↑](#footnote-ref-4)