Application

1. General Information

Applicant institution:

_____

Applicant parent institution (if applicable):

_____

Institutional mailing address:

_____

City: _____   County:

_____

State: _____ Zip: _____ Closest metropolitan area:

_____

Website:

_____

EIN/TIN^ number: _____

Project Contact (*Please note: The project contact should be the person who will administer the CAP Program for the institution. All CAP correspondence will be directed to this person. .*)

❏ Dr. ❏ Mr.   ❏ Ms. ❏ Mrs. ❏ Miss ❏ Rev. ❏ Prof. ❏ Hon.

Name: _____

Title: _____

Phone: _____

E-mail: _____

If open seasonally, provide a phone number to reach staff in the off-season:

_____

Governing Control of Applicant (*check one*)

❏ state   ❏ county   ❏ municipal   ❏ private

❏ nonprofit   ❏ university   ❏ tribal government   ❏ other, specify: _____

Type of Organization (*check one*)
- ☐ Aquarium
- ☐ Arboretum/Botanical Garden
- ☐ Art Museum
- ☐ Children's/Youth Museum
- ☐ General Museum (A museum with collections representing two or more disciplines equally, such as a museum of art and natural history.)
- ☐ Historic House/Site
- ☐ History Museum
- ☐ Natural History Museum/ Anthropology Museum
- ☐ Nature Center
- ☐ Planetarium
- ☐ Science/ Technology Museum
- ☐ Specialized Museum (A museum with collections limited to one narrowly defined discipline, such as a maritime museum.)
- ☐ Zoological park
- ☐ Other (please specify: _____)

Does your institution have a parent organization?

If yes, what is the name of the parent organization?

_____

In what year was the institution first open to the public?

_____

What is your institution's mission statement?

_____
_____
_____

3 . Eligibility

☐ Yes ☐ No Does the institution exist on a permanent basis for essentially educational or aesthetic purposes?

☐ Yes ☐ No   Does the institution own tangible objects, whether animate or inanimate?

□ Yes □ No   Are these objects available to the public through exhibition and/or research on a regular basis?

□ Yes □ No

□ Yes □ No   Does the institution have at least one full-time paid or unpaid staff member or the equivalent combination of part-time staff, whose responsibilities relate solely to the institution's professional activities?

□ Yes □ No   Can assessors review the entire collection and buildings within a two-day site visit?

2. General Operating Budget

What was your institution's approximate operating budget for the most recently completed operating year: $_____

3. Staff

Number of **paid** staff: Number of **non-paid** staff:
Full-time _____   Full-time _____
Part-time _____   Part-time _____

List the key staff (paid and volunteer) who will work on this CAP assessment, along with their average hours per week. **Since job titles vary among institutions, please explain each staff member's responsibilities.**

Name: _____**Title**: _____

□ Volunteer or □ Paid

Hours per week: _____

Responsibilities: _____

Name: _____**Title:** _____

□ Volunteer or □ Paid

Hours per week: _____

Responsibilities: _____

Name: _____**Title:** _____

□ Volunteer or □ Paid

Hours per week: _____

Responsibilities: _____

Name: _____**Title:** _____

□ Volunteer or □ Paid

Hours per week: _____

Responsibilities:
_____

Name: _____**Title:** _____

□ Volunteer or □ Paid

Hours per week: ____

Responsibilities:
_____

Name: _____**Title:** _____

□ Volunteer or □ Paid

Hours per week: _____

Responsibilities:
_____

(Attach a list of additional relevant staff if necessary.)

4. Goals
What goals does the organization have for this assessment? (Check all that apply.)

       ❐ Develop a long-range preservation/conservation plan^ for collections

       ❐ Improve collections care^

       ❐ Increase staff and board awareness of collections conservation^ concerns

       ❐ Improve the preservation^ of the building

       ❐ Improve environmental conditions

       ❐ Improve storage conditions

       ❐ Use as a tool to obtain funding for collections care

       ❐ Prepare for accreditation

       ❐ Other: _____

       Comments/special concerns:

_____

_____

5. Site Information

Site area:

       ❐ less than 1 acre

       ❐ 1-5 acres

       ❐ 6-10 acres

       ❐ more than 10 acres

How many buildings hold collections storage or exhibitions?

_____

Are they all on the same site?   ❐ Yes   ❐ No

       If no, where are the buildings located?

_____
_____

Does your organization own all of the land and buildings it occupies? ❐ Yes
❐ No

If not, please explain.

_____

_____

6. Building Information

Complete the following section for each structure that houses collections storage or exhibition space. Attach additional pages if necessary.

Building #1
Building name:

_____

Number of stories: _____

Approximate square footage or dimensions: _____

Type of structure:
    ❑ modern building built as a museum or collections space
    ❑ older building (50 years or older) built as a museum or collections space
    ❑ older or historic structure not originally designed as a museum or collections space
    ❑ building shared with other non-museum activities (approximate square
        footage of museum exhibition and storage spaces: _____)
    ❑ other: _____

Approximate construction date: _____

Does the building have additions? ❑ Yes   ❑ No
    If yes, please list approximate construction date(s) of the additions:
_____

This structure is used for *(check all that apply)*:
    ❑ collections storage
    ❑ exhibits (with artifacts)

☐ office space
☐ other: _____

Building #2 (if applicable)
Building name:

_____

Number of stories: _____

Approximate square footage or dimensions: _____

Type of structure:
    ☐ modern building built as a museum or collections space
    ☐ older building (50 years or older) built as a museum or collections space
    ☐ older or historic structure not originally designed as a museum or collections space
    ☐ building shared with other non-museum activities (approximate square
        footage of museum exhibition and storage spaces: _____)
    ☐ other: _____

Approximate construction date: _____

Does the building have additions? ☐ Yes ☐ No
    If yes, please list approximate construction date(s) of the additions:
_____

This structure is used for *(check all that apply)*:
    ☐ collections
    ☐ storage
    ☐ exhibits (with artifacts)
    ☐ office space
    ☐ other: _____

Building #3 (if applicable)
Building name:

_____

Number of stories: _____

Approximate square footage or dimensions: _____

Type of structure:
        ❑ modern building built as a museum or collections space
        ❑ older building (50 years or older) built as a museum or collections space
        ❑ older or historic structure not originally designed as a museum or collections space
        ❑ building shared with other non-museum activities (approximate square
               footage of museum exhibition and storage spaces: _____)
        ❑ other: _____

Approximate construction date: _____

Does the building have additions? ❑ Yes   ❑ No
        If yes, please list approximate construction date(s) of the additions: _____

This structure is used for (check all that apply):
        ❑ collections
        ❑ storage
        ❑ exhibits (with artifacts)
        ❑ office space
        ❑ other: _____

If your site contains more than three structures that house collections, please upload a document that lists all additional structures. Please include all information requested above for each structure.

7. Additional Information

Does your institution have a written Collections Management Policy? ❑ Yes ❑ No

Does your institution have a written Emergency Preparedness Plan that includes directives on the
        collections? ❑ Yes   ❑ No

Are funds regularly expended on the collections conservation? ❑ Yes   ❑ No

        If yes, how does your institution allocate funds for conservation (check all that apply):
        ❑ Collections conservation is an item in our annual budget

☐ Funds are allocated in response to a need
☐ Funds are sought through grants or donations in response to a need
☐ Other: _____

8. Proof of nonprofit status
You must attach proof of the institution's nonprofit status with either:
- a copy of the federal IRS letter indicating the institution's eligibility for nonprofit status under the application provisions of the Internal Revenue Code of 1954, as amended.
  - i. If the name on the IRS letter differs from the applicant institution because of a name change, submit a letter of explanation on the institution's letterhead and signed by a director or board official.
  - ii. If the name or TIN on the IRS letter differs from the applicant institution because the IRS letter of a parent organization is being used, submit a letter explaining the relationship between the two organizations on the parent organization's letterhead and signed by an official at the parent organization.
- (For institutions that are a unit of local, state, or tribal government only) A letter identifying the institution as a unit of government on that entity's letterhead and signed by an official at that entity.

FAIC will not accept a letter of sales tax exemption or a copy of the institution's tax returns as proof of nonprofit status.

9. Certification

Participants in the Collections Assessment for Preservation program must obtain the approval of their board or governing body before applying to the program. To demonstrate this approval, please designate a board or governing body official who will serve as the Authorizing Official. **The Authorizing Official should be an executive member of the organization's governing body, the head of the sponsoring organization, or the government official responsible for oversight of the institution. The Authorizing Official should be different from the project contact.**

When the application is complete, the Authorizing Official must complete the information below. In the event that FAIC staff is unable to reach the institution's staff for questions about the CAP application or the

organization's participation in the program, the Authorizing Official listed below will be contacted.

Statement of Authorizing Official:

I am a member of the Board of Directors or Governing Body, or the Government Official responsible for oversight of the organization, and am authorized to submit this application to the 2017 Collections Assessment for Preservation program. I certify that all of the information contained in this application is true and accurate to the best of my knowledge. Should our institution be chosen to participate in the program, our staff will be responsible for complying with all requirements and guidelines of the Collections Assessment for Preservation program.

Signature of Authorizing Official: _____ Date: _____

Please fill in the information below.
☐ Mr.   ☐ Ms.   ☐ Dr.

Name: _____ Title: _____

Phone: _____

E-mail: _____

Supplement A: For Museums and Historic Sites

Is a significant portion of the collection held on loan, or owned by another institution?

      ☐ Yes   ☐ No

Has the institution ever engaged a consultant to survey all or part of the collections?

      ☐ Yes   ☐ No

Please share the approximate size and composition of your collection by placing an "x" in the appropriate column for each collection type in the chart below. Exact numbers are not expected. Please estimate to the best of your ability.

Collection type   **Number of Objects**

	0	1 - 100	101 - 1,000	1,001 - 10,000	10,001 +
Archaeological/ paleontological artifacts					
Arms and armor/weapons					
Botany (live)					
Botany (herbaria)					
Ceramics and glass					
Digital (born-digital)					
Ethnographic artifacts					
Furniture					
Geology/mineralogy					
Historic objects					
Industrial/agricultural tools and equipment					
Leather/animal hides					
Library/books/archival materials					
Metal objects					
Musical instruments					
Paintings					
Photographic materials					

Science/technology/medicinal artifacts					
Sculpture					
Stone objects					
Taxidermy					
Textiles and costume					
Time based media (film, audio recordings, etc.)					
Transportation vehicles					
Works on paper					
Wet collections/fluid preserved collections					
Wood objects					
Zoology (live)					
Zoology (preserved)					
Other (specify:)					

Total number of objects in the collection (*please estimate if exact numbers are unavailable*): _____

How many staff members participated in gather information for this application? _____

How many hours did it take for your institution to complete this application? (*Consider total hours contributed by all staff members.*) _____hours

Supplement B: For Arboreta and Botanical Gardens

1. Collections and Collection Records

In order to best match an institution with conservators, we ask that you share the approximate size and composition of your collection by answering the questions below. Exact numbers are not expected. Please estimate to the best of your ability.

Approximately how many different living plant species does the institution maintain? _____

Approximately how many herbarium^ specimens does the institution maintain? _____

What is the size and composition of the institution's collections? (*check one box for each row*)

	0	1 - 100	101 - 1,000	1,001 +
Woody				
Non-woody				
Hardy at site				
Not hardy				
Annual/Seasonal				

2. Facilities Information

Approximately what percentage of the land is used for:

Cultivated collections? ____ %

Natural areas? ____ %

Visitor services (restrooms, picnic areas, parking lots, etc.)? ____%

Administration and maintenance? ____%

other: ____ %

3. Non-Living Collections

Are there non-living collections that the institution wishes to have assessed?

□ Yes   □ No

If yes, please complete Supplement A: For Museums and Historic Sites in addition to this Supplement.

___

How many staff members participated in gather information for this application? _____

How many hours did it take for your institution to complete this application? (*Consider total hours contributed by all staff members.*) _____hours

Supplement C: For Zoos and Aquariums

1. General Information

Is the institution accredited by the Association of Zoos and Aquariums? ☐ Yes ☐ No

> If yes, date: _____

. If you are AZA-accredited, the CAP Program will only cover your facilities and non-living collection.

2. Collections and Collection Records

Select the number range that best describes the approximate number of species and specimen in your collection for each group. Please estimate to the best of your ability.

	Number of Species	Number of Specimen
Birds		
Fish		
Invertebrates		
Mammals		
Reptiles and Amphibians		
Other (specify):		

3. Facilities Information

Approximately what percentage of the land is used for:

> Animal habitats? ____ %
>
> Natural areas? ____ %
>
> Picnic and recreation areas? ____%
>
> Administration and maintenance? ____%
>
> Other? ____ %

4. Non-Living Collections

Are there non-living collections that the institution wishes to have assessed?

> ☐ Yes ☐ No

If yes, please complete Supplement A: For Museums and Historic Sites in addition to this Supplement.

How many staff members participated in gather information for this application? _____

How many hours did it take for your institution to complete this application? (*Consider total hours contributed by all staff members.*) _____hours