



# Program Application

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# Application Guidelines

Thank you for your interest in the CAP Program! Please answer all of the questions in this application to the best of your ability.

## Glossary

To assist in all steps of the CAP Program, a CAP Glossary can be found on the FAIC website at [www.conservation-us.org/CAPglossary](http://www.conservation-us.org/CAPglossary). Throughout the application, look for the (^) symbol, which indicates more information about a term can be found in the CAP Glossary.

## Supplements

Please complete **one** of the three Application Supplements based on your institution type. Choose the category that best describes your institution.

Select **Supplement A** if your institution is a museum or historic site.

Select **Supplement B** if your institution is an arboretum or botanical garden.

Select **Supplement C** if your institution is a zoo or aquarium.

## Notification of Receipt

Institutions will be notified via email when their application has been received and if any additional information is needed. If you have not received an email within 72 hours of submission, contact the CAP office at 202-750-3437 or [cap@conservation-us.org](mailto:cap@conservation-us.org) to make sure we have received your application.

# Application

## 1. General Information

Applicant institution:

\_\_\_\_\_

Applicant parent institution (if applicable):

\_\_\_\_\_

Institutional mailing address:

\_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website:

\_\_\_\_\_

EIN/TIN<sup>^</sup> number: \_\_\_\_\_

**Project Contact** (*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.*)

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

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
- Sculpture Park
- 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?

- Yes     No

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

\_\_\_\_\_

What is your institution's mission statement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Does your organization exist on a permanent basis for educational or aesthetic purposes?

Yes     No

Does your 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

Does your 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 activities?

Yes     No

Can assessors review the entire collection and buildings within a two-day site visit? (consider all buildings that house collections, including any off-site storage)

Yes     No

## 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:

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Number of **non-paid** staff:

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

List the key staff (paid and volunteer) who work with collections and exhibitions, along with their average hours per week. **Since job titles vary among institutions, please briefly 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 no, please explain.

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## 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
- 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: \_\_\_\_\_



Please use this space to share any additional information you would like to share about Building #1 (optional).

**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  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: \_\_\_\_\_

Please use this space to share any additional information you would like to share about Building #2 (optional).

**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  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: \_\_\_\_\_

Please use this space to share any additional information you would like to share about Building #3 (optional).

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

Are funds regularly expended on collections conservation at your institution?

- 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: \_\_\_\_\_

***For the following questions, attach additional pages as needed.***

Explain the significance of your organization's collections and how they are used. (Please limit your response to no more than 500 words.)

What are your biggest concerns regarding the collection? (Please limit your response to no more than 500 words.)

How does this proposed assessment fit into the institution's overall preservation goals? (Please limit your response to no more than 500 words.)

**8. Proof of nonprofit or government status**

- **Nonprofit organizations**

Submit 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.

NOTE: 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 (as with a university museum), 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 example, a provost). This letter must be submitted in addition to the IRS letter of the parent organization.

- **Institutions that are a unit of local, state, or tribal government:**

Submit a letter identifying the institution as a unit of government on that government entity's letterhead and signed by an official at that unit of government.

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.**

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 may 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 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 organization 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, including:

- participating in the CAP program orientation
- selecting and contracting assessor(s)
- completing Site Questionnaire
- facilitating and participating in a pre-visit phone call with assessor(s)
- facilitating assessors' site visit
- reviewing CAP report draft
- completing program evaluations
- facilitating a one-year follow-up call or videoconference with assessor(s)

**Signature of Authorizing Official:** \_\_\_\_\_ **Date:**  
 \_\_\_\_\_  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

If no, please explain:

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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**

	<b>0</b>	<b>1 - 100</b>	<b>101 - 1,000</b>	<b>1,001 - 10,000</b>	<b>10,001 +</b>
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*): \_\_\_\_\_

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# 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 specimens does the institution maintain? \_\_\_\_\_

Approximately how many herbarium<sup>^</sup> specimens does the institution maintain? \_\_\_\_\_

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

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

Are there non-living collections that you wish to have assessed?

Yes    No

If yes, 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

	<b>0</b>	<b>1 - 100</b>	<b>101 - 1,000</b>	<b>1,001 - 10,000</b>	<b>10,001 +</b>
Archaeological/					



paleontological artifacts					
Arms and armor/weapons					
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 objects					
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*): \_\_\_\_\_

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## 2. Facilities Information

Approximately what percentage of the land is used for:

Cultivated collections? \_\_\_\_ %

Natural areas? \_\_\_\_ %

Visitor services (restrooms, food and beverage services, picnic or recreation areas, parking lots, etc.)?

Administration and maintenance? \_\_\_\_%

other: \_\_\_\_ %

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## 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: \_\_\_\_\_

*Institutions that are AZA accredited may receive an assessment of facilities and any non-living collections through the CAP Program. Institutions that are not AZA accredited may receive an assessment of their living collections and facilities.*

### 2. Collections and Collection Records

Describe the size and range of your collections by listing 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
<b>Birds</b>		
<b>Fish</b>		

<b>Invertebrates</b>		
<b>Mammals</b>		
<b>Reptiles and Amphibians</b>		
<b>Other (specify)</b>		

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

Yes    No

If yes, 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**

	<b>0</b>	<b>1 - 100</b>	<b>101 - 1,000</b>	<b>1,001 - 10,000</b>	<b>10,001 +</b>
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 (preserved)					
Other (specify:)					

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

---

### 3. Facilities Information

Approximately what percentage of the land is used for:

Animal habitats? \_\_\_\_ %

Natural areas? \_\_\_\_ %

Visitor services (restrooms, food and beverage services, picnic or recreation areas, parking lots, etc.)? \_\_\_\_%

Administration and maintenance? \_\_\_\_%

Other? \_\_\_\_ %

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