



Collections Assessment
for Preservation

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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.

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

We will notify your institution via email when your application has been received and if we need any additional information. If you have not received an email within 72 hours of submission, contact the CAP office at 202-750-3437 or cap@culturalheritage.org.

Application

1. General Information

Applicant institution: _____

Applicant parent institution (if applicable): _____

Institutional mailing address: _____

City: _____

State: _____ ZIP: _____

Website: _____

EIN/TIN 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*)

- Aviation/Air and Space Museum
- Anthropology Museum
- 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
- Maritime Museum
- Military Museum
- Natural History Museum
- Nature Center
- Planetarium
- Science/ Technology Museum
- Sculpture Park
- Specialized Museum (A museum with collections limited to one narrowly defined discipline, such as a postal museum or musical instrument museum.) (please specify: _____)
- 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

To the best of your knowledge, 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:

Number of **non-paid** staff:

Full-time _____

Full-time _____

Part-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.

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 in building: _____

Which stories include space for exhibitions? (include attic and/or basements if applicable): _____

Which stories include space for storage? (include attic and/or basements if applicable):

Approximate square footage or dimensions of space occupied by exhibitions:

Approximate square footage or dimensions of space occupied by collections storage:

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: _____

Is this building (select all that apply):

built on a slab

built over a basement

built over a crawlspace

other (please specify): _____

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 in building: _____

Which stories include space for exhibitions? (include attic and/or basements if applicable): _____

Which stories include space for storage? (include attic and/or basements if applicable): _____

Approximate square footage or dimensions of space occupied by exhibitions:

Approximate square footage or dimensions of space occupied by collections storage:

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: _____

Is this building (select all that apply):

- built on a slab
- built over a basement
- built over a crawlspace
- other (please specify): _____

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 in building: _____

Which stories include space for exhibitions? (include attic and/or basements if applicable): _____

Which stories include space for storage? (include attic and/or basements if applicable):

Approximate square footage or dimensions of space occupied by exhibitions:

Approximate square footage or dimensions of space occupied by collections storage:

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: _____

Is this building (select all that apply):

- built on a slab
- built over a basement
- built over a crawlspace
- other (please specify): _____

This structure is used for (*check all that apply*):

- collections
- storage
- exhibits (with artifacts)

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. Miss Mrs. Dr. Prof. Rev.

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 yes, please explain:

Please mark the column that reflects the approximate size and composition of your collection 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 artifacts					
Arms and armor/weapons					
Baskets					
Botany (live)					
Botany (herbaria)					
Ceramics and glass					
Digital (born-digital)					
Ethnographic artifacts					
Furniture					
Geology/mineralogy					
Industrial/agricultural tools and equipment					
Leather/animal hides					

Library/books/archival materials					
Metal objects					
Musical instruments					
Paintings					
Paleontological specimens					
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*):

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 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				

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

Yes No

If yes, please mark the column that reflects the approximate size and composition of your collection 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 -	10,001 +

				10,000	
Archaeological artifacts					
Arms and armor/weapons					
Baskets					
Ceramics and glass					
Digital (born-digital)					
Ethnographic artifacts					
Furniture					
Geology/mineralogy					
Industrial/agricultural tools and equipment					
Leather/animal hides					
Library/books/archival materials					
Metal objects					
Musical instruments					
Paintings					
Paleontological specimens					
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*):

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: ____ %

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 Specimens
Birds		
Fish		
Invertebrates		
Mammals		
Reptiles and Amphibians		
Other (Specify: _____)		

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

Yes No

If yes, please mark the column that reflects the approximate size and composition of your collection 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 artifacts					
Arms and armor/weapons					
Baskets					
Botany (live)					
Botany (herbaria)					
Ceramics and glass					
Digital (born-digital)					
Ethnographic artifacts					
Furniture					
Geology/mineralogy					
Industrial/agricultural tools and equipment					
Leather/animal hides					
Library/books/archival materials					
Metal objects					
Musical instruments					
Paintings					
Paleontological specimens					
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? ____ %