

## **Follow-Up Survey**

The Foundation for Advancement in Conservation is interested in understanding the short-term and long-term impacts of the CAP Program. Please share your experience of the past year with us by completing this Follow-Up Survey.

Only aggregate results will be shared outside FAIC and IMLS staff. We thank you in advance for your feedback and appreciate any comments you may have.

| navc.                |   |
|----------------------|---|
| Name of Ir           | nstitution:   |
| 1. How ma within the | any times has anyone in your institution consulted your CAP report last year? |
|                      | I have not consulted CAP report   |
|                      | 1 1-3 times   |
|                      | 4-10 times  |
|                      | I more than 10 times  |
|                      | I don't know  |
| 2 6:                 |   |

2. Since CAP, has your institution created, revised, or begun development of the following collections care policies/guidelines:

|                                     | Created | Revised | In<br>Developm<br>ent | No<br>Action<br>Taken | Policy<br>Was<br>Already in<br>Place |
|-------------------------------------|---------|---------|-----------------------|-----------------------|--------------------------------------|
| Collections<br>Management<br>Policy |         |         |                       |                       |                                      |
| Long-Range<br>Preservation<br>Plan  |         |         |                       |                       |                                      |
| Emergency                           |         |         |                       |                       |                                      |

|                                      |                          |                     |                     | П                      |               |
|--------------------------------------|--------------------------|---------------------|---------------------|------------------------|---------------|
| Extremely<br>Helpful                 | Very<br>Helpful          | Somewhat<br>Helpful | Not Very<br>Helpful | Not at All<br>Helpful  |               |
| If yes, how<br>box below)            | w helpful wer            | e the Resourc       | es on the CAI       | P website? ( <i>cl</i> | neck one      |
| □ Yes                                | □ No                     |                     |                     |                        |               |
| <u>https://www.cu<br/>ist</u> )?     | <u>iiturainieritäg</u> i | e.org/resource      | es/conections-      | <u>-care/cap/resc</u>  | <u>ource-</u> |
| l. Has your inst                     |                          |                     |                     |                        |               |
| Other collectio<br>training          | ns care                  |                     |                     |                        |               |
| Pest managem                         |                          |                     |                     |                        |               |
| Preventive con                       | servation                |                     |                     |                        |               |
| Emergency pre                        | eparedness               |                     |                     |                        |               |
| environment                          | and and                  |                     |                     |                        |               |
| Climate contro                       |                          | П                   |                     |                        | -             |
| Handling collec                      | ction items              | П                   |                     | П                      | +             |
| Collection pres                      | servation                |                     |                     |                        |               |
|                                      |                          | Yes                 | No                  | Don't<br>know          |               |
| olunteers in th                      |                          |                     |                     |                        |               |
| 3. Indicate whe                      |                          |                     |                     |                        |               |
| f you indicated<br>policies/guidelir |                          |                     | vised, or are o     | developing "o          | ther          |
| or plan                              |                          |                     |                     |                        |               |
| Other policy                         |                          |                     |                     |                        |               |
| Plan that includes collections       |                          |                     |                     |                        |               |

| What additional recommendatio                            |  |                      |                               | ou implement t  | he   |
|--|--|----------------------|-------------------------------|---|------|
| 5. Since your as<br>or parent organ<br>collection?       |  |                      |                               |   | oard |
| □ Yes  | □ No                                   |                      |                               |   |      |
| preservat<br><i>budgeted</i>                             | ion of the col<br><i>funds for sta</i> | lection since y      | our CAP asse<br>n preservatio | dedicated to thessment? ( <i>Inclu</i><br>In duties, suppli<br>In duties) | de   |
| 6. Has your inst<br><b>APPLY FOR</b> ou<br>conservation? |  |                      |                               |   | OR   |
| ☐ Yes  | □ No                                   |                      |                               |   |      |
|  | ase indicate that apply.)              | whether you p        | lan to apply                  | or have applied   | for. |
| □ a  | federal gran                           | t or assistance      | program                       |   |      |
| □s   | tate grant or                          | assistance pro       | ogram                         |   |      |
| □ c  | ounty or mur                           | nicipal grant or     | assistance p                  | orogram   |      |
| □ fo   | oundation fur                          | nding                |                               |   |      |
| □р   | rivate donor                           |                      |                               |   |      |
| □ c  | rowdfunding                            | (e.g., Kickstar      | ter, GoFundM                  | 1e)   |      |
| □o   | ther funding                           | source (Specif       | ·y:                           |   |      |
| 7. Since CAP, ha   |  | ution been <b>AW</b> | /ARDED outs                   | side funding for  |      |
| □ Yes  | □ No                                   |                      |                               |   |      |
| lf yes, ple<br><i>apply.)</i>                            | ase indicate                           | whether your         | award is fron                 | n: (Check all tha   | at . |
| □а   | federal grant                          | or assistance        | program                       |   |      |
| □ st   | ate grant or a                         | assistance pro       | gram                          |   |      |
| □ co   | unty or muni                           | icipal grant or      | assistance p                  | rogram  |      |
| □ fo   | undation fund                          | ding                 |                               |   |      |
| □ pr   | ivate donor                            |                      |                               |   |      |

| $\square$ crowdfunding (e.g., Kickstarter, GoFundMe)   |
|--|
| ☐ other funding source (Specify:)  |
| What was the total amount of funding awarded? \$   |
| 8. Considering the prioritized list of recommendations provided in your CAP report, how much progress would you say your institution has made toward completing the recommendations? (Please select a number on a scale of 0 to 100, where 0 indicates no progress and 100 indicates completion of all recommendations.) |
| 9. Have you completed the follow-up meeting with your assessor(s)?   |
| □ Yes □ No   |

If yes, how helpful was the follow-up meeting with your assessors?

| Extremely<br>Helpful  | Very<br>Helpful | Somewhat<br>Helpful | Not Very<br>Helpful | Not at All<br>Helpful |  |  |
|---|-----------------|---------------------|---------------------|-----------------------|--|--|
|   |                 |                     |                     |                       |  |  |
| What could have been done to make the follow-up meeting more helpful? |                 |                     |                     |                       |  |  |
|   |                 |                     |                     |                       |  |  |
|   |                 |                     |                     |                       |  |  |
| Please use this space to share any additional information.            |                 |                     |                     |                       |  |  |
|   |                 |                     |                     |                       |  |  |
|   |                 |                     |                     |                       |  |  |
|   |                 |                     |                     |                       |  |  |