



Collections Assessment  
for Preservation

# Program Application Table of Contents

Application Guidelines .....	2
Application Form .....	3
Certification Sheet.....	13
Supplement A: For Museums and Historic Sites.....	14
Supplement B: For Arboreta and Botanical Gardens.....	16
Supplement C: For Zoos and Aquariums.....	19

# 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

You must 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 24 hours of submission, contact the CAP office at 202-750-3437 or [cap@culturalheritage.org](mailto: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, or is it cooperatively owned or managed? (e.g. a city-owned museum managed by a nonprofit foundation)

- Yes
- No

If yes, what is the name of the parent organization or secondary entity? \_\_\_\_\_

What is your institution's mission statement?

---

---

---

In what year was your 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

If yes, please describe your hours of operation or explain how your collections are available to the public on a regular basis.

---

Does your institution have at least one full-time paid or unpaid staff member or the equivalent combination of part-time staff, whose responsibilities include care of the institution’s collections 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: \_\_\_\_\_

Please describe your highest priority(ies) among the goals selected above: \_\_\_\_\_

\_\_\_\_\_

---

## 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? Please include any historic structures that are considered part of the collection, even if they do not house additional collections. \_\_\_\_\_

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 total square footage or dimensions of the building: \_\_\_\_\_

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

---

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 total square footage or dimensions of the building: \_\_\_\_\_

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

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 total square footage or dimensions of the building: \_\_\_\_\_

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

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 #3 (optional).

---

---

---

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

### **7. Additional Information**

***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 (such as with a university museum), applicants must also 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.

If the applicant institution is cooperatively owned or managed (e.g. a city-owned museum that is managed by a nonprofit foundation), please submit the IRS letter for the nonprofit and include a letter of

support from the secondary entity.

● **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 authorized 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 I 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 estimate to the best of your ability the number of collection items you have in the following categories. Exact numbers are not expected. (For example, Baskets: 10; Furniture: 30; Paintings: 100; Photographic materials: 2,000; Transportation vehicles: 2).

<b>Collection Type</b>	<b>Number of Objects</b>
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 (please estimate linear feet instead of number of objects)	
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

Please 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.

How many different living plant specimens does the institution maintain? \_\_\_\_\_

How many herbarium specimens does the institution maintain? \_\_\_\_\_

Please estimate to the best of your ability the number of collection items you have in the following categories. Exact numbers are not expected.

Collection Type	Number of Specimens
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 estimate to the best of your ability the number of collection items you have in the following categories. Exact numbers are not expected.

Collection Type	Number of Objects
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 (estimate linear feet instead of number of objects)	
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, accreditation date: \_\_\_\_\_

### 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.

	<b>Number of Species</b>	<b>Number of Specimens</b>
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 estimate to the best of your ability the number of collection items you have in the following categories. Exact numbers are not expected.

<b>Collection type</b>	<b>Number of Objects</b>

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 (estimate linear feet instead of number of objects)	
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? \_\_\_\_\_%