

SIGNATURES

We, the undersigned, have examined this MAP Application and agree upon the principal objectives of the Assessment we chose. We have discussed the MAP process with the governing authority and staff (paid and unpaid) and will engage them in the steps of the process. We are ready to work together to identify our current stage of development and institutional needs and to facilitate change. We will review all recommendations made in the assessment and incorporate them into our planning. We will pay any associated costs to participate and devote the time needed to complete our MAP Assessment within the designated time period.

We hereby certify that to the best of our knowledge, the information provided is true and correct and all requirements for a complete Museum Assessment Program application have been fulfilled.

Two original signatures are required below.

Museum Director/CEO

Name: _____ Title: _____
Phone: _____ Email: _____

Signature

Date

Head of Governing Authority (see Glossary) **

Name: _____ Title: _____
Phone: _____ Email: _____

Signature

Date

Additional Governing Authority Member (only for museums without a Director/CEO) **

Name: _____ Title: _____
Phone: _____ Email: _____

Signature

Date

*If there is no museum *director*, please have the head of the governing authority sign as well as a second person from the governing authority.

** If the head of the governing authority functions as the museum director, please provide the signature of another member of the governing authority.