



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 24 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, 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 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

If yes, please describe your hours of operation or otherwise demonstrate 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 biggest priority(ies) among the goals selected: _____

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, please 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.)

Blank lined paper with a large, faint, diagonal watermark reading "APLE" across the center.

SAW

OMB Control Number: 3137-0126 Expiration Date: 05/31/2027

- 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

If the 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 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. ☐ 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.

Collection type	Number of Objects
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.

Approximately how many different living plant specimens does the institution maintain? _____

Approximately 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 (please 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, 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. 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 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	
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 (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? ____ %