Program Application

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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 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: ________________________________________________________________

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)
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
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.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

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 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.

<table>
<thead>
<tr>
<th>Collection type</th>
<th>Number of Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Archaeological artifacts</td>
<td></td>
</tr>
<tr>
<td>Arms and armor/weapons</td>
<td></td>
</tr>
<tr>
<td>Baskets</td>
<td></td>
</tr>
<tr>
<td>Botany (live)</td>
<td></td>
</tr>
<tr>
<td>Botany (herbaria)</td>
<td></td>
</tr>
<tr>
<td>Ceramics and glass</td>
<td></td>
</tr>
<tr>
<td>Digital (born-digital)</td>
<td></td>
</tr>
<tr>
<td>Ethnographic artifacts</td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
</tr>
<tr>
<td>Geology/mineralogy</td>
<td></td>
</tr>
<tr>
<td>Industrial/agricultural tools and equipment</td>
<td></td>
</tr>
<tr>
<td>Leather/animal hides</td>
<td></td>
</tr>
<tr>
<td>Library/books/archival materials</td>
<td></td>
</tr>
<tr>
<td>Metal objects</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Quantity</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Musical instruments</td>
<td></td>
</tr>
<tr>
<td>Paintings</td>
<td></td>
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<tr>
<td>Paleontological specimens</td>
<td></td>
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<tr>
<td>Photographic materials</td>
<td></td>
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<tr>
<td>Science/technology/medicinal artifacts</td>
<td></td>
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<tr>
<td>Sculpture</td>
<td></td>
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<tr>
<td>Stone objects</td>
<td></td>
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<tr>
<td>Taxidermy</td>
<td></td>
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<tr>
<td>Textiles and costume</td>
<td></td>
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<tr>
<td>Time based media (film, audio recordings, etc.)</td>
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<tr>
<td>Transportation vehicles</td>
<td></td>
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<tr>
<td>Works on paper</td>
<td></td>
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<tr>
<td>Wet collections/fluid preserved collections</td>
<td></td>
</tr>
<tr>
<td>Wood objects</td>
<td></td>
</tr>
<tr>
<td>Zoology (live)</td>
<td></td>
</tr>
<tr>
<td>Zoology (preserved)</td>
<td></td>
</tr>
<tr>
<td>Other (specify:)</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Collection type</th>
<th>0</th>
<th>1 - 100</th>
<th>101 - 1,000</th>
<th>1,001 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woody</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-woody</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardy at site</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not hardy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual/Seasonal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Collection type</th>
<th>Number of Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archaeological artifacts</td>
<td></td>
</tr>
<tr>
<td>Arms and armor/weapons</td>
<td></td>
</tr>
<tr>
<td>Baskets</td>
<td></td>
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<tr>
<td>Ceramics and glass</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td></td>
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<tr>
<td>-------------------------------------------------------</td>
<td>---</td>
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<tr>
<td>Digital (born-digital)</td>
<td></td>
</tr>
<tr>
<td>Ethnographic artifacts</td>
<td></td>
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<td>Furniture</td>
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<tr>
<td>Geology/mineralogy</td>
<td></td>
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<tr>
<td>Industrial/agricultural tools and equipment</td>
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<tr>
<td>Leather/animal hides</td>
<td></td>
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<tr>
<td>Library/books/archival materials</td>
<td></td>
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<tr>
<td>Metal objects</td>
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<tr>
<td>Musical instruments</td>
<td></td>
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<tr>
<td>Paintings</td>
<td></td>
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<tr>
<td>Paleontological specimens</td>
<td></td>
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<tr>
<td>Photographic materials</td>
<td></td>
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<tr>
<td>Science/technology/medicinal objects</td>
<td></td>
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<tr>
<td>Sculpture</td>
<td></td>
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<tr>
<td>Stone objects</td>
<td></td>
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<tr>
<td>Taxidermy</td>
<td></td>
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<tr>
<td>Textiles and costume</td>
<td></td>
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<tr>
<td>Time-based media (film, audio recordings, etc.)</td>
<td></td>
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<tr>
<td>Transportation vehicles</td>
<td></td>
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<tr>
<td>Works on paper</td>
<td></td>
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<tr>
<td>Wet collections/fluid preserved collections</td>
<td></td>
</tr>
<tr>
<td>Wood objects</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Number of Species</th>
<th>Number of Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
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<tr>
<td>Invertebrates</td>
<td></td>
<td></td>
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<tr>
<td>Mammals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reptiles and Amphibians</td>
<td></td>
<td></td>
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<tr>
<td>Other (Specify:</td>
<td></td>
<td></td>
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<tr>
<td>__________________)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Collection type</th>
<th>Number of Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td></td>
<td>1 - 100</td>
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<tr>
<td></td>
<td>101 - 1,000</td>
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<td></td>
<td>1,001 - 10,000</td>
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<tr>
<td></td>
<td>10,001+</td>
</tr>
<tr>
<td>Archaeological artifacts</td>
<td></td>
</tr>
<tr>
<td>Arms and armor/weapons</td>
<td></td>
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<tr>
<td>Furniture</td>
<td></td>
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<tr>
<td>Geology/mineralogy</td>
<td></td>
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<tr>
<td>Industrial/agricultural tools and equipment</td>
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<tr>
<td>Leather/animal hides</td>
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<tr>
<td>Science/technology/medicinal artifacts</td>
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<tr>
<td>Sculpture</td>
<td></td>
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<tr>
<td>Stone objects</td>
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<tr>
<td>Category</td>
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<tr>
<td>Taxidermy</td>
<td></td>
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<td>Textiles and costume</td>
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<td>Time based media (film, audio recordings, etc.)</td>
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<td>Transportation vehicles</td>
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<td>Works on paper</td>
<td></td>
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<tr>
<td>Wet collections/ fluid preserved collections</td>
<td></td>
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<tr>
<td>Wood objects</td>
<td></td>
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<tr>
<td>Zoology (preserved)</td>
<td></td>
</tr>
<tr>
<td>Other (specify:)</td>
<td></td>
</tr>
</tbody>
</table>

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? ____ %