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# Risk Evaluation and Planning Program

## Application

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A. Applicant Information

A1. **Applicant institution:** ________________________________
A2. Institutional mailing address: __________________________
A3. City: ________________________________
A7. Closest metropolitan area: ________________________________
A8. Web address: ________________________________
A9. TIN Number: ________________________________

A10. Site name, if applicable: ________________________________
*If different from Applicant Institution:*
A11. Site mailing address: ________________________________
A12. City: ________________________________
A16. Closest metropolitan area: ________________________________
A17. Web address: ________________________________

**Institution Director/Site Manager**
A18.  □ Mr.  □ Ms.  □ Dr.
A19. Name: ________________________________  A20. Title: ________________________________
A21. Phone: ________________________________  A22. Fax: ________________________________
A23. E-mail: ________________________________
A24. Mailing address *(if different from the institution’s address):*
   ________________________________

A25. If open seasonally, provide a phone number to reach staff in the off-season:
   ________________________________
**Project Contact**

(Please note: All REPP correspondence will be directed to this person, who should be included on the staff list and have regular museum hours.)

A26. ☐ Check if same as Museum Director/Site Manager
    (skip to Governing Control of Applicant)

A27. ☐ Mr. ☐ Ms. ☐ Dr.
A28. Name: ___________________ A29. Title: ___________________
A30. Phone: ___________________ A31. Fax: ___________________
A32. E-mail: ___________________
A33. Mailing address (if different from the institution’s address):
________________________________________________________________________

A34. If open seasonally, provide a phone number to reach staff in the off-season:
________________________________________________________________________

A35. **Governing Control of Applicant**

☐ Tribal government  ☐ State  ☐ County  ☐ Municipal
☐ Private nonprofit  ☐ Other, specify: _______________________________________

A36. Is the museum university controlled? ☐ Yes  ☐ No

A37. **Type of Institution** (check one)

☐ Arboretum/botanic garden  ☐ Art museum  ☐ Aquarium
☐ Children’s/youth museum  ☐ General museum [Collections represent two or more disciplines equally (e.g., art and history)]
☐ Historic house/site  ☐ History museum  ☐ Natural history museum
☐ Nature center  ☐ Planetarium  ☐ Science/technology museum
☐ Specialized museum [Collections are limited to one type of material or subject (e.g., textiles, stamps, maritime, ethnic group)]
☐ Zoo  ☐ Other, specify: _______________________________________

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A38. Is the institution accredited by:

- American Association of Museums? Date: ________________________________
- American Public Gardens Association? Date: ________________________________
- Association of Zoos and Aquariums? Date: ________________________________
- Other: ________________________________ Date: ________________________________

A39. Budget

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Revenue/Support/Income</th>
<th>Expenses/Outlays</th>
<th>Budget Deficit (if applicable)*</th>
<th>Budget Surplus (if applicable)</th>
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<tbody>
<tr>
<td>Most recently completed</td>
<td>$ _____</td>
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A40. *If the institution has a budget deficit for the most recently completed fiscal year, explain the circumstances of this deficit.

______________________________________________________________________________

A41. Attendance for the 12-month Period Prior to Application

- On-site: ________________________________
- Off-site: ________________________________
- Electronic: ________________________________

A42. Year the institution was first open and exhibiting to the public: ____________
B. Mission

B1. Include the institution’s mission statement or description of museum’s purpose in the space below.


C. Eligibility

C1. The following are the eligibility requirements for participating in the Risk Evaluation and Planning Program. Check the appropriate answer.

Yes    No

☐  ☐ Is the institution organized as a public or private nonprofit that exists on a permanent basis for essentially educational or aesthetic purposes? Please attach proof of nonprofit status.

☐  ☐ Does the institution care for and own or use tangible objects, whether animate or inanimate?

☐  ☐ Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?

☐  ☐ Is the institution open and exhibiting to the public at least 90 days a year?

☐  ☐ Does the institution have at least one full-time paid or unpaid staff member or the equivalent, whose responsibilities relate solely to the museum’s services or operations?

☐  ☐ Can the institution’s facilities be completely evaluated within a two-day site visit?
D. Hours of Operation

D1. List the institution’s schedule each day of the week. Include only those hours that the institution is open and providing services (e.g., tours, education programs, special events) to the public (e.g., 9 a.m. - 5 p.m.). If the schedule is seasonal, fill in the months that apply. (See page 4 for an example answer.)

<table>
<thead>
<tr>
<th>Month to Month</th>
<th>Sun</th>
<th>Mon</th>
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E. Staffing

Describe the institution’s paid and volunteer staff responsible for professional museum activities (see page 3 for an explanation of these activities). Your answer should establish how the institution achieves the full-time equivalency needed to be eligible for the program. Since job titles vary among institutions, please explain each staff member’s responsibilities. (For a sample answer, see page 4.)

E1. Number of full-time paid staff
   Number of full-time unpaid staff

E2. Number of part-time paid staff
   Number of part-time unpaid staff

E3. Institutions with Living Animal Collections

E3a. Does the institution employ a full-time veterinarian?
   □ Yes    □ No    □ Don’t know

   E3b. If not, how often does the part-time veterinarian visit?
        ___________  □ Don’t know  □ N/A

E3c. Number of full-time animal care specialists, including curatorial staff:
     ___________  □ Don’t know  □ N/A

E3d. Number of part-time animal care specialists, including curatorial staff:
     ___________  □ Don’t know  □ N/A
### E4. Director/Site Manager

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<th>Hours per week (fill in work hours for each day)</th>
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Responsibilities:

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### E5. Additional Staff

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<th>Hours per week (fill in work hours for each day)</th>
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Responsibilities:

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Responsibilities:
F. Past Assessments and Support

F1. Note support the institution has received for assessments, emergency planning, or object treatment from:

- American Association of Museums
  - Museum Assessment Program  Date: ____________
- Heritage Preservation
  - Conservation Assessment Program  Date: ____________
- Institute of Museum and Library Services
  - Conservation Project Support  Date: ____________
  - Museums for America  Date: ____________
- National Endowment for the Humanities
  - Preservation Assistance Grant  Date: ____________
  - Stabilizing Humanities Collections  Date: ____________
- Other
  - ___________________________  Date: ____________
  - ___________________________  Date: ____________
  - ___________________________  Date: ____________
## G. Goals

### G1. What goals does the institution have for this evaluation? (Check all that apply, and elaborate if there are areas of special concern.)

#### Safety
- [ ] Increase staff safety
- [ ] Increase visitor safety

#### Collections
- [ ] Learn of risks to collections and facilities
- [ ] Develop an emergency response plan for collections
- [ ] Improve an emergency response plan for collections
- [ ] Identify low-cost mitigation measures to protect collections and facilities

#### Staff Development
- [ ] Increase staff awareness of collections and facilities risks
- [ ] Increase staff awareness of collections disaster mitigation techniques
- [ ] Increase staff awareness of disaster management resources
- [ ] Make contact with conservator
- [ ] Make contact with local emergency manager or responder

#### Other
- [ ] Use as a tool to obtain funding for collections care initiatives
- [ ] Increase board awareness of risks to collections and facilities

- [ ] Other: 

- [ ] Comments/special concerns:
H. Collections Information

H1. How many objects are in the collection? _______________________________

If the institution maintains living plant or animal collections, please answer the following questions:

H2. Institutions with Living Plant Collections
   H2a. How many different plant species does the institution maintain? _________
   H2b. How many herbarium specimens does the institution maintain? _________
   H2c. What percentage of the outdoor collections is under irrigation? _________ %  □ Don’t know
   H2d. Does the institution have a library?  □ Yes  □ No
   H2e. If yes, how many volumes? _______________________________

H3. Institutions with Living Animal Collections
   H3a. How many animals does the institution own? ___________________________
   H3b. How many different species? _______________________________
   H3c. Does the institution have a library?  □ Yes  □ No
   H3d. If yes, how many volumes? _______________________________

H4. Approximately what percentage of the collection is owned by the institution? _________ %
   H4a. Who owns the remainder of the collection? _________________________

H5. What percentage of collection materials are used in hands-on, educational activities? _________ %

H6. What percentage of the permanent collection is inventoried? _________ %

H7. Are there permanent exhibitions?  □ Yes  □ No  □ Don’t know
H8. Are objects rotated on/off exhibit?  □ Yes  □ No  □ Don’t know
H9. Are there temporary exhibitions?  □ Yes  □ No  □ Don’t know
   H9a. If yes, how often do the temporary exhibitions change?
       ___________________________  □ Don’t know  □ N/A

H10. Approximately what percentage of the collection is on exhibition? _________ %
H11. Where are collections displayed (other than the exhibition galleries)?
- Offices
- Entrances
- Outdoors
- Other (list all):
- Don’t know
- N/A

H12. Does the institution have a long-range preservation/conservation plan for collections?
- Yes
- No
- In development
- Don’t know

H13. Has the institution ever engaged a consultant to survey all or part of the collections?
- Yes
- No

H13a. If yes, elaborate briefly:__________________________________________

J. Emergency Planning

Risk Assessment
J1. What weather conditions or sources of natural disaster are associated with the geographical location of your institution? (check all that apply)
- Flood
- Lightning strikes
- Earthquake
- Hurricane
- Mud slides
- Volcanic activity
- Range fires
- Tornado
- Wind
- Ice
- Heavy snow
- Other:
- Don’t know
- N/A

J2. Is the institution located in a floodplain?
- Yes
- No
- Don’t know

J3. What other potential sources of disasters are near your institution? (check all that apply)
- Airport
- Military base
- Power plant
- Harbor
- Industrial/chemical plant
- Oil refinery
- Railroad line
- Industrial trucking route
- Nuclear power plant
- Dam
- Other:
- Don’t know
- N/A

J4. Institutions with Living Plant Collections

What are the institution’s perceived threats? (check all that apply)
- Invasive plants
- Overuse of trails
- Erosion
- Diseases
- Air pollution
- Urban sprawl
- Severe weather/storms
- Vandalism
- Insects
- Severe animal browse
- Other:
- Don’t know
- N/A

Preparedness
J5. Does the institution have a written emergency response and recovery plan that addresses staff and collections (including living collections)?
- Yes
- No
- In development
- Don’t know
If yes:
J5a. Please provide the date of the most recent revision: ________________

(Attach this version to the application for submission.)

J5b. How often is the plan revised? ________________

J5c. Is the plan practiced or drilled? ☐ Yes ☐ No

J5d. Please provide the date of the most recent drill: ________________

J5e. Who has responsibility for the following plan activities? (title of staff member)
- Development ________________ ☐ No one
- Implementation ________________ ☐ No one
- Revision ________________ ☐ No one

J5f. If more than one facility houses collections exhibition or storage space, is each facility covered by the emergency response plan?
☐ One plan addresses all facilities housing collections
☐ A specific plan is written for each facility
☐ One plan covers some of the facilities but not others
☐ The plan is generic and does not address specific facilities at all

J5g. Does the plan include a list of priority objects to be protected in place, removed, or salvaged first?
☐ Yes ☐ No ☐ In development ☐ Don’t know

J6. If not included in an emergency plan, does a list of priority objects to be protected in place, removed, or salvaged first exist?
☐ Yes ☐ No ☐ In development ☐ Don’t know

J7. Has the institution ever engaged a consultant for advice on emergency planning?
☐ Yes ☐ No

J7a. If yes, elaborate briefly: ______________________________

J8. Who is responsible for collection emergency preparedness and collection salvage activities? (title of staff member) ________________ ☐ No one ☐ Don’t know

J9. How often does staff perform regular safety/security inspections?
________________________ ☐ Don’t know ☐ N/A

J10. Does the institution maintain an up-to-date staff contact list that includes home and cell phone numbers?
☐ Yes ☐ No ☐ Don’t know
J11. Does the institution maintain back-up copies of institutional records off-site?

☐ Yes  ☐ No  ☐ Don’t know

J11a. If yes, list where and how many miles this is from the institution: ________________________________

J12. Does the institution keep personal protective and collection salvage equipment and supplies:

- on-site?  ☐ Yes  ☐ No  ☐ Don’t know
- off-site?  ☐ Yes  ☐ No  ☐ Don’t know

Relationships

J13. Is the institution a member of:

- Mutual assistance network?  ☐ Yes  Name: _______  ☐ No
- Conservation center?  ☐ Yes  Name: _______  ☐ No
- Other assistive network?  ☐ Yes  Name: _______  ☐ No

J14. Does the institution maintain contact with any members of the local fire, police, or emergency management departments?

☐ Yes  ☐ No  ☐ Don’t know

J14a. If yes, please explain the relationship: ________________________________

J14b. For the purposes of selecting a local emergency response assessor for your institution (if accepted into the program), please provide the names and contact information for these professionals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization/Department</th>
<th>Phone</th>
<th>Email</th>
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J15. Is the fire department that services the institution:

☐ Paid  ☐ Volunteer

J16. Does the institution have regularly scheduled inspections by the fire department?

☐ Yes  ☐ No  ☐ Don’t know

J16a. If yes, please provide the name and contact information of the inspector: ________________________________

J16b. What is the date of the most recent fire inspection? ________________

J16c. Does the fire department have up-to-date copies of floor plans of the institution?

☐ Yes  ☐ No  ☐ Don’t know
J17. Does the institution maintain a list of service providers and vendors to contract during emergencies?
☐ Yes ☐ No ☐ Don’t know

J17a. Does the institution have standing contracts with any of the following types of vendors?
☐ Architect ☐ HVAC service
☐ Data recovery ☐ Insurance
☐ Disaster recovery ☐ Plumbing
☐ Electrical ☐ Refrigerator or freezer space

J18. Does the institution have off-site storage space identified for use in an emergency?
☐ Yes ☐ No ☐ Don’t know

Training
J19. Have any staff members received training or had direct experience in emergency planning or response?
☐ Yes ☐ No

J19a. If yes, please provide staff names, a brief description of the experience or training, and the date it was completed.

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Experience or Training Description</th>
<th>Date</th>
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Insurance
J20. Is the institution insured for damage to the facilities?
☐ Yes ☐ No ☐ Self-insured ☐ Don’t know

J21. Is the institution insured for damage to the collection?
☐ Yes ☐ No ☐ Self-insured ☐ Don’t know
**Disaster History**

J22. In the last 10 years, has the institution suffered damage to the facility or collection due to a natural or man-made disaster (including utility failures)?

- [ ] Yes  
- [ ] No  
- [ ] Don’t know

J22a. If yes, please list the cause, what was damaged, when the incident occurred, and whether the institution has fully recovered.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Damage to...</th>
<th>Date</th>
<th>Recovered?</th>
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J23. Has the institution applied for federal or state disaster assistance in the last 10 years?

- [ ] Yes  
- [ ] No  
- [ ] Don’t know

J23a. If yes, please explain the outcome of the application: ____________________________
K. Site Information

K1. Site area: 
- [] Less than 1 acre
- [] 1.1 – 5 acres
- [] 5.1 – 10 acres
- [] More than 10 acres
- [] Don't know

K2. Location: 
- [] Urban
- [] Suburban
- [] Rural
- [] Remote

K3. Who owns the site? ________________________________

K3a. If not the institution, explain the arrangement for the property’s management (for example, a legally binding long-term lease): ____________________________

K4. How many buildings are located on the site? ________________________________

K5. Complete “Application Supplement, Section K: Site Information” for each building in which collections are stored or exhibited.
### Risk Evaluation and Planning Program

**Application Supplement, Section K: Site Information**

*Complete one page for each building in which collections are stored or exhibited.*

**Applicant Institution:**

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Size</th>
<th>Original Use</th>
<th>Type</th>
<th>Historic Surveys</th>
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<tbody>
<tr>
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<td>Has the institution ever engaged a consultant to survey all or part of the building?</td>
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<td>Yes</td>
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<td>Is the building listed on the National Register of Historic Places?</td>
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<td>Yes</td>
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**Length of Current Occupation**

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**Emergency Preparedness**

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L. Reporting

Answers given in this section have no bearing on the institution’s eligibility for the program. The information gathered here is for statistical purposes only.

L1. How many staff members were involved in completing this application? ________

L2. How many hours total (time for all staff members) did it take to complete this application? __________________________

L3. Please note any comments you have on this application process: ________________

L4. Organizational title of person who completed this application: ________________

M. Assurances

The applicant organization’s authorizing official should read and acknowledge understanding the following certification after all other parts of the application form have been completed.

All REPP participants are required to comply with all applicable statutes, ordinances, executive orders, regulations, and other laws including: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972, as amended; Age Discrimination in Employment Act of 1975, as amended; Drug-Free Workplace Act of 1988; Native American Graves Protection and Repatriation Act of 1990; Section 106 of the National Historic Preservation Act of 1966, as amended; Executive Order (E.O.) 11593; Archaeological and Historic Preservation Act of 1974; National Environmental Policy Act of 1969, as amended; Executive Order (E.O.) 11514; Executive Order (E.O.) 11738; Executive Order (E.O.) 11990, as amended by Executive Order (E.O.) 12608; Executive Order (E.O.) 11988, as amended; the Coastal Zone Management Act of 1972, as amended; section 176(c) of the Clean Air Act of 1955; Safe Drinking Water Act of 1974, as amended; Endangered Species Act of 1973, as amended; Wild and Scenic Rivers Act of 1968, as amended; Flood Disaster Protection Act of 1973, as amended; 45 C.F.R. Part 46; and Laboratory Animal Welfare Act of 1966, as amended.

Acknowledging this form indicates your commitment to comply with the laws referred to above should you participate in the Risk Evaluation and Planning Program.

M1. ☐ I certify that all the information contained in this application is true and accurate. I have been authorized by my Board of Directors to submit this application to the Risk Evaluation and Planning Program. Should my organization be chosen to participate in the program, I will comply with all requirements and guidelines of the Risk Evaluation and Planning Program.

☐ I do not agree to this certification.

M2. ☐ Mr. ☐ Ms. ☐ Dr.

M3. Name: ________________________________  M4. Title: ________________________________

M5. Phone: ________________________________  M6. Fax: ________________________________

M7. E-mail: ________________________________

M8. Mailing address: ________________________________

M9. Date: ________________________________