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## NOTICE

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**RISK EVALUATION AND PLANNING PROGRAM**  
**Application**

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## Application

### A. Applicant Information

- A1. **Applicant institution:** \_\_\_\_\_  
A2. Institutional mailing address: \_\_\_\_\_  
A3. City: \_\_\_\_\_  
A4. County: \_\_\_\_\_ A5. State: \_\_\_\_\_ A6. Zip: \_\_\_\_\_  
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: \_\_\_\_\_  
A13. County: \_\_\_\_\_ A14. State: \_\_\_\_\_ A15. Zip: \_\_\_\_\_  
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: \_\_\_\_\_

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**

<b>Fiscal Year</b>	<b>Revenue/Support/ Income</b>	<b>Expenses/Outlays</b>	<b>Budget Deficit (if applicable)*</b>	<b>Budget Surplus (if applicable)</b>
Most recently completed FY _____	\$ _____	\$ _____	(\$ _____ )	(\$ _____ )

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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the institution organized as a public or private nonprofit that exists on a permanent basis for essentially educational or aesthetic purposes? Please <b>attach</b> proof of nonprofit status. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the institution care for and own or use tangible objects, whether animate or inanimate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are these objects exhibited to the public on a regular basis through facilities the museum owns or operates?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the institution open and exhibiting to the public at least 90 days a year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.)

Month to Month	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### 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**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Responsibilities:**

---

**E5. Additional Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Responsibilities:**

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Responsibilities:**

---



Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

Responsibilities:

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

Responsibilities:

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Volunteer  Paid

Hours per week (fill in work hours for each day)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
_____	_____	_____	_____	_____	_____	_____	_____	_____

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:

Name	Title	Organization/Department	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

Staff Name	Experience or Training Description	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

Cause	Damage to...	Date	Recovered?
1. _____	<input type="checkbox"/> Facility <input type="checkbox"/> Collection	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Facility <input type="checkbox"/> Collection	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Facility <input type="checkbox"/> Collection	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Facility <input type="checkbox"/> Collection	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	<input type="checkbox"/> Facility <input type="checkbox"/> Collection	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____		Historic Surveys	
Building Name	Size	Original Use	Type
_____  _____  _____	<input type="checkbox"/> < 10,000 sq. ft. <input type="checkbox"/> 10,000 - 25,000 sq. ft. <input type="checkbox"/> 25,001 - 50,000 sq. ft. <input type="checkbox"/> 50,001 - 100,000 sq. ft. <input type="checkbox"/> > 100,000 sq. ft.  Footprint: _____	_____  <input type="checkbox"/> Modern building built as a museum <input type="checkbox"/> Older building built as a museum <input type="checkbox"/> Older or historic structure not originally designed as a museum <input type="checkbox"/> Building shared with non-museum activities <input type="checkbox"/> Other: _____	Has the institution ever engaged a consultant to survey all or part of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, elaborate briefly: _____  Is the building listed on the National Register of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of nomination: _____  Is the building listed on the state Register of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of nomination: _____  Is the building listed on the local Register of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of nomination: _____  Even if the building is not listed on any register of historic places, is it eligible to be listed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  Is the building located within a National Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  Has a Historic Structures Report been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____  Is the site a National Historic Landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of nomination: _____  Has a Historic Landscape Report been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____
Length of Current Occupation	Stories	Current Use	Additional Construction Date
_____  _____  _____	Number of Stories (including basement and attic): _____  On what floors are collections stored or exhibited? _____	(check all that apply) <input type="checkbox"/> Collections storage <input type="checkbox"/> Exhibition <input type="checkbox"/> Administration	<input type="checkbox"/> 17th century <input type="checkbox"/> 18th century <input type="checkbox"/> 1800-1850 <input type="checkbox"/> 1851-1875 <input type="checkbox"/> 1876-1900 <input type="checkbox"/> 1901-1925 <input type="checkbox"/> 1926-1956 <input type="checkbox"/> Other: _____
Emergency Preparedness		Emergency Preparedness	
Does the institution have an emergency response and recovery plan for this building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development <input type="checkbox"/> Don't know  If yes, please provide the date of the most recent revision: _____ (Attach this version to the application for submission.)  If no, is this building covered under any institutional emergency response and recovery plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			

## 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: \_\_\_\_\_