

**Dakota Collections Care Initiative (DCCI)**  
**Institutional Assessment & Workshop Host Application for Museums, Libraries & Archives**

**SUBMISSION**

- **Deadline:** application must be postmarked or submitted electronically by **Wednesday, March 7**
- **Options:**
  - Mail: DCCI, Attn: Dana Schaar, PO Box 2599, Bismarck, ND 58502
  - Email: clearfour@btinet.net

**INSTRUCTIONS**

Complete this application to be considered for a free institutional collections assessment and workshop hosting opportunity and return it as specified above. Attach additional sheets if necessary.

**GENERAL INSTITUTION INFORMATION**

Name	
Address	
City/State/Zip	
County	
Website	
Contact Person	
Title	
Phone	
Email	
Date Established	
Mission	

**TYPE OF INSTITUTION (check one)**

<input type="checkbox"/>	Public (municipal, county, state, federal)
<input type="checkbox"/>	Nonprofit or foundation
<input type="checkbox"/>	University, college or academic
<input type="checkbox"/>	Tribal
<input type="checkbox"/>	Corporate or for-profit
<input type="checkbox"/>	Other (describe):

**COLLECTION STAFF (it's ok if no staff is fully dedicated to collections care)**

List number and titles of <u>paid, full-time</u> staff	
List number and titles of <u>paid, part-time</u> staff	
List number and titles of <u>unpaid, full-time</u> staff	
List number and titles of <u>unpaid, part-time</u> staff	
Number of board members	
Number of volunteers (excluding board members)	

**BUDGET & FUNDING**

2012 Operating Budget	\$
2012 Collections Care Budget (if any)	\$

Has your institution received any collections-related grants?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
If yes, list most recent with date received:	

**COLLECTIONS**

Collection Type	Yes, we have at our institution (check box)	Number of items (estimate if possible; leave blank if unknown)
Books and Bound Volumes (monographs, serials, newspapers, scrapbooks, albums, pamphlets)	<input type="checkbox"/>	
Unbound Sheets (archival records, manuscripts, maps, oversized items, ephemera, broadsides, philatelic and numismatic artifacts, other paper artifacts)	<input type="checkbox"/>	
Photographic Collections (microfilm, microfiche, photographic prints, negatives, slides, transparencies, daguerreotypes, ambrotypes, tintypes, glass plate negatives, lantern slides)	<input type="checkbox"/>	
Moving Image Collections (motion picture film, video tape, laser disc, CD, DVD, minidisk)	<input type="checkbox"/>	
Recorded Sound Collections (cylinder, phonodisc, cassette, open reel tape, DAT, CD, DVD, MP3)	<input type="checkbox"/>	
Digital Material Collections (floppy discs, CD-R, DVD-R, data tape, online collections)	<input type="checkbox"/>	
Art Objects (paintings, prints, drawings, sculpture, decorative arts (e.g., fine metalwork, jewelry, timepieces, enamels, ivories, lacquer))	<input type="checkbox"/>	
Textiles (flags, rugs, clothing, accessories)	<input type="checkbox"/>	
Ceramics and Glass (including stained glass)	<input type="checkbox"/>	
Ethnographic Artifacts (leather, skin, baskets, bark)	<input type="checkbox"/>	
Metalwork (arms and armor, medals, coins)	<input type="checkbox"/>	
Furniture	<input type="checkbox"/>	
Domestic Objects (frames, household tools/machines, dolls/toys, musical instruments)	<input type="checkbox"/>	
Technological and Agricultural Objects	<input type="checkbox"/>	
Medical and Scientific Objects	<input type="checkbox"/>	
Transportation Vehicles	<input type="checkbox"/>	
Archaeological Collections	<input type="checkbox"/>	
Natural Science Specimens (zoological, botanical, geological, paleontological, paleobotany specimens, taxidermy mounts)	<input type="checkbox"/>	
Living Collections	<input type="checkbox"/>	
Historic Buildings	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

**PLANNING**

What written priorities or plans (e.g. strategic plan, disaster plan) does your institution have for the coming year?

Check the surveys your institution has completed, if any.

	Type of Survey	Date Completed	Goals Accomplished
<input type="checkbox"/>	Conservation Assessment Program (CAP)		
<input type="checkbox"/>	Museum Assessment Program (MAP I, II, III)		
<input type="checkbox"/>	Collection Inventory		
<input type="checkbox"/>	Other (such as annual planning meeting; describe):		

What barriers or challenges has your institution experienced in trying to complete and implement the plans, priorities or surveys outlined above?

**TRAINING**

List the two most recent training opportunities, workshops or meetings, if any, your paid/unpaid staff has attended for the purpose of professional development (i.e., collections workshop, webinar, leadership training, business course, etc.).

	<b>Workshop/Training/Meeting</b>	<b>Date Attended</b>
1		
2		

**STATEMENT OF NEED**

If your institution is chosen to receive an assessment and host three days of onsite training, what type of outcomes are you looking for? What are your most urgent areas of need related to collections? What benefits would the assessment provide for your institution?

**PARTNERSHIPS**

List the major community partners, if any, you work with to accomplish any institutional goals (other museums/libraries/archives, chambers of commerce, schools, etc.)

Partner	Purpose of Partnership

**WORKSHOP LOCATION**

Describe the location in your community that will be able to accommodate three full-day workshops for up to 30 people seated at tables. Ideally, this location will be at your institution but may also be at another community building where objects and print materials can be moved for hands-on activities and secured overnight.

**AVAILABILITY**

Participation in this program requires a five-day commitment from at least two paid/unpaid staff members – two days with the conservator for the institutional assessment and three days for public workshops. Check all weeks from the five-day periods listed below during which your institution is able to participate.

<input type="checkbox"/>	May 14-18
<input type="checkbox"/>	May 21-25
<input type="checkbox"/>	June 4-8
<input type="checkbox"/>	June 11-15
<input type="checkbox"/>	June 18-22
<input type="checkbox"/>	June 25-29

<input type="checkbox"/>	Aug. 6-10
<input type="checkbox"/>	Aug. 13-17
<input type="checkbox"/>	Aug. 20-24
<input type="checkbox"/>	Aug. 27-31
<input type="checkbox"/>	Sept. 10-14
<input type="checkbox"/>	Sept. 17-21

**Alternate Weeks\***


*\*While not guaranteed, other weeks may be made available.*

**COMMITMENT** (all boxes must be checked)

<input type="checkbox"/>	Our institution, paid/unpaid staff and board (minimum of two people) commit to spending five full days with the conservator, two for the institutional assessment and three for the workshops.
<input type="checkbox"/>	Our institution, paid/unpaid staff and board commit to implementing assessment findings to improve collection conditions, including completion of at least one follow-up collections project in consultation with the conservator.
<input type="checkbox"/>	Our institution, paid/unpaid staff and board commit to serving as the local workshop host, including helping the project administrator secure a workshop location and recruit attendees.

We are authorized to submit this application on behalf of our institution.

Lead Paid/Unpaid Staff Person	Board President or Chair
<b>Signature</b>	<b>Signature</b>
<b>Name</b>	<b>Name</b>
<b>Title</b>	<b>Title</b>
<b>Date</b>	<b>Date</b>