**CULTURAL AGENCY PROFILE**

This questionnaire is used to gain information about Museums, Historical Societies and similar Cultural Agencies that petition the Board of Regents for a provisional charter to own and hold collections.

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

Office of Cultural Education

C/O Devin R. Lander

New York State Education Department

3023 Cultural Education Center

Albany, NY 12230

Email: charters@nysed.gov

(Please do not fax this form to us)

**CULTURAL AGENCY PROFILE**

**INSTRUCTIONS**

Please make sure that all questions get answered. If necessary, feel free to add any additional information you may find will be helpful during this review process. Once completed, please send it with supporting documentation to either the mailing or email address above, or with the provisional charter petition to the New York State Education Department Office of Counsel.

**I. GENERAL INFORMATION**

1. Complete Corporate Name of Organization:
2. Address. (All organizations must have a permanent mailing address. A Post Office Box is acceptable).

P.O. Box or Street:

City:

County:

State and Zip Code:

Telephone number:

E-mail address:

1. Contact Person. Please supply data for a person to be contacted for further information. Telephone number should be where he/she can be reached during normal business hours.

Name:

Telephone:

E-mail address:

1. Choose one of the following categories that best describes the organization:
2. MUSEUM. Answer Question 5 below.
3. HISTORICAL SOCIETY or other membership organization.

Answer Question 6 below.

1. If the organization is primarily a MUSEUM, which of the following best characterizes it? PLEASE CIRCLE ONLY ONE.
2. Archeological or Anthropological Museum
3. Art Museum
4. Art and History Museum
5. Art and Science Museum
6. Children's Museum
7. General Museum
8. History Museum
9. Industrial Museum
10. Museum Village
11. Natural History Museum
12. Science and Technological Museum
13. Other type of Museum

 PLEASE SPECIFY:

1. If the organization is primarily an HISTORICAL SOCIETY or other membership organization, which of the following best characterizes it? PLEASE CIRCLE ONLY ONE.
2. Archeological or Anthropological Organization
3. Art Association
4. Genealogical Organization
5. Historical Society
6. Preservation Organization or Landmark Society
7. Other type of membership organization

 PLEASE SPECIFY:

**II. ADMINISTRATION**

1. What is the organization’s mission statement?
2. Does the organization have a board of trustees? Yes No
3. Who is the organization’s attended audience?
4. Identify the public benefit your organization will provide?
5. Does the organization have an emergency/ disaster plan? Yes No
6. Does the organization have a code of ethics? Yes No
7. **MEMBERSHIP**
8. Is the organization a membership organization? Yes No

If no, does the organization have a subsidiary which acts as a membership group?

Yes No

If both questions above are No, skip to Section IV.

1. In the last three years, has membership increased or decreased?

Increased Decreased

1. Describe the membership dues structure.
2. How many members does the organization have?
3. Does the organization hold regularly scheduled membership meetings?

Yes No

Are meetings open to the public? Yes No

**IV. STAFF AND LEADERSHIP**

1. Does your organization have a paid professional staff? Yes No

 If yes, is in-service training provided for your organization's staff? Yes No

1. Does your organization use the services of any individual who assists by providing advice? (e.g., an official of local government, a college faculty member or employee of a service organization). Yes No
2. Does the organization utilize the services of volunteers? Yes No
3. Does the organization have a program (formal or informal) for training volunteers?

Yes No

**V.** **FINANCES**

1. Is the organization tax exempt under a provision of the Internal Revenue Service (IRS) code?

Yes No Not Yet

1. Does the organization have annual budget or a projected list of expenditure?

Yes No

If Yes, please provide.

1. Does the organization do a yearly audit or review? Yes No

**VI. FACILITIES**

1. Does the organization own, rent or have been given real property? Yes No

If no, skip to Section VII

If yes, please describe the land and/or buildings by type (school, church, historic structure or site, etc.). Give age or date of construction, size, number of rooms, etc. of the structure(s).

Is the building or structure listed on the National Register of Historic Places?

Yes No

 If “Yes,” is it individually listed or listed as part of a district? Individually District

Is the building or structure accessible to the handicapped (for example, to a person in a wheelchair)? Yes No

1. How the space is used (meeting room, collection storage, exhibits, office space, etc.).
2. Does this space have fire, security and climatic control systems? Yes No

Are fire extinguishers available? Yes No

1. What type of lighting is used in the storage areas?

What type of lighting is used for exhibits?

What provisions have been taken to protect objects on exhibit and/or in storage from ultra-violet radiation present in sunlight and fluorescent lighting?

1. Are your facilities open to the public at stated hours without advanced reservations?

Yes No

**VII. COLLECTIONS**

1. Does the organization own collections? Yes No

If No, does the organization plan to own a collection in the future? Yes No

1. Please describe the types of collections the organization has or will have.
2. Using the following definition, attach a description of the organization's procedure used for accessioning objects.

Definition: Accessioning - the creation of an immediate, brief and permanent record utilizing a control number for an object, assembly or lot, accessed to the permanent collection from the same source at the same time, and for which the institution has custody, right and title. Customarily, an accession record includes the accession number, date and nature of acquisition (gift, excavation, expedition, purchase, requests) course, brief identification and description, condition, provenance, value and name of the staff member recording the accession.

What percentage of the collection is accessioned? \_\_\_\_\_\_\_\_\_\_\_\_ percent

1. Using the following definition, attach a description of the organization's procedures for cataloging collections.

Definition: Cataloging - the creation of a full record in complete descriptive detail of all information about an object, assembly or lot, cross-referenced to other records and files, and often containing a photograph or sketch. Catalog data are usually in the form of cards or sheets or on computer.

What percentage of the collection is cataloged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ percent

1. Has the organization deaccessioned any objects from the collections in the last three years? Yes No
2. Are collection record files duplicated and a copy kept elsewhere for security?

Yes No

1. Is the organization's collection insured? Yes No
2. Are loaned objects insured? Yes No
3. Are collections regularly surveyed to determine the condition of objects? Yes No
4. Has the organization used the services and/or consultations of outside conservators or restorers? Yes No
5. Does the organization store all its collections in its own building? Yes No

If no, please describe the additional storage (location, owner of facility, type of storage, cost):

1. What type of training do the organization's staff and/or volunteers receive in the proper handling of the collections? Please describe.

**VIII. EXHIBITS**

1. Does the organization have an exhibit program? Yes No

If no, skip to Section IX.

1. Does the organization have an exhibits policy? Yes No
2. What amount of space is devoted to exhibits?
3. Does the organization have "period rooms" or other full-size displays? Yes No
4. Does the organization have any permanent displays? Yes No
5. Does the organization have any temporary exhibits? Yes No

If yes, how often are the exhibits changed.

1. Does the organization install or maintain exhibits outside your own facilities?

Yes No

1. Is there anyone within the organization with a special talent or background for exhibit design and/or installation? Yes No
2. Does the organization have a written policy concerning the borrowing of exhibit material by long term loan from individuals and other institutions?

Yes No

**IX. PROGRAMS AND EDUCATIONAL ACTIVITIES**

1. Does the organization offer educational or public programs? Yes No
2. Does the organization respond to research inquiries from the public? Yes No
3. Does the organization have a program for school age (K-12) children related to the school curriculum? Yes No
4. What types of special programs or activities does the organization schedule on a regular basis?

**X. PLANS AND FUTURE**

1. What goals does your organization hope to achieve in the next five years?

A.

B.

C.

D.

E.

F.

1. What goals does your organization hope to achieve in the next ten years?

A.

B.

C.

D.

E.

F.

**Thank you for completing this questionnaire**

**Supporting Document Checklist**

1. Organization's governing documents - that is, the Constitution or By-Laws. (These are required before Incorporation will be granted)

2. List of the names, of all officers and members of the Board of Trustees, noting those who have special duties or expertise.

3. Code of Ethics (visit the American Alliance of Museums’ website for guidance)

4. Emergency/disaster Plan

5. List of all committees established by the Board.

6. Attach a list showing each position, hours per week and salary, if applicable.

7. Attach a resume for each professional staff member if your organization’s operating budget exceeds $100,000, if applicable.

8. Attach a copy of the organization's IRS tax-exempt letter, if applicable.

9. Budget or list of potential expenditures.

10. Attach a copy of the policies and procedures which govern the care and loan of objects owned by the organization and govern the acquisition and disposal of objects into and out of the organization. If the organization owns a collection or plans to own a collection in the future this is required before Incorporation will be granted.

**Please sign and date the questionnaire when you complete it.**

Signature of Preparer:

Title of Preparer:

Date:

**RETURN THIS FORM TO:**

Office of Cultural Education

New York State Education Department

C/o Sarah Jastremski

3023 Cultural Education Center

Albany, NY 12230

Phone: (518) 486-3843

Email: charters@nysed.gov

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