

**ALASKA STATE MUSEUMS**

# **GRANT-IN-AID**

**APPLICATION FORM**

**FISCAL YEAR 2011**

**Applications must be postmarked no later than June 1, 2010.**

**ALASKA STATE MUSEUMS, 395 WHITTIER STREET, JUNEAU, AK 99801**  
**PHONE (907) 465-4806 FAX (907) 465-2976**  
**scott.carrlee@alaska.gov**

**This application form is available online at:**

[www.museums.state.ak.us](http://www.museums.state.ak.us)

# ALASKA STATE MUSEUMS

# GRANT-IN-AID

FISCAL YEAR 2011

Contingent upon funding by the Legislature, the Alaska State Museums will award grants to Alaska museums and museum-related agencies for projects scheduled to take place between July 1, 2010 and June 30, 2011. Museums may apply for a regular grant of up to \$10,000, a mini-grant of up to \$2,000, or the internship program. You can only apply for one of these programs per year. Each grant has a separate application form.

**DEADLINE:** Applications must be **postmarked no later than June 1, 2010**. Applications postmarked after this date will NOT be considered. You may want to request a return receipt when you mail the application to confirm that your application was received. You can also email your completed application as an attachment. The email must be sent before 4:30 pm AKST on June 1, 2010. You will receive an email confirmation.

---

## GRANT AWARDS / USE OF FUNDS

Official notification of the grant award will be provided by letter after July 1. The grant award letter may set stipulations on the content and/or cost of the project, based on the application and panel review.

Grant-In-Aid (GIA) funds may be used to purchase materials, equipment, personal or contractual services or other items necessary to support and improve museum services and operations.

Grant-In-Aid funds will NOT be provided for projects designed to restore historic sites and structures, for collection acquisitions, for costs incurred prior to the date of the grant award letter, to replace or offset employee payroll that would normally be paid otherwise, for continuing education, for re-granting purposes or for indirect costs, such as administrative overhead.

---

## ACCOUNTING CALENDAR

Projects should be complete by **June 30, 2011**. Final accounting is due on or before **Sept. 30, 2011**. Accounting forms will be mailed in mid-May 2011. Receipts for all expenditures should be kept and copies submitted with your accounting.

June 1, 2011 --Written request for an extension must be submitted for approval if project cannot be completed by June 30.

June 30--Deadline for completion of projects.

Sept. 30-- Deadline for submission of final accounting. Also, any extended projects must be completed by this date.

Oct. 31-- Deadline for submission of final accounting for extended projects.

Any GIA accounting reports not submitted by September 30, or at the end of an approved extension, will make the organization ineligible for funding until reports are submitted and the account is closed.

---

## FUNDING AMOUNT

Total funding available for FY 2011 has not yet been determined. FY 2010 funding was \$105,600. The maximum amount an applicant can request is \$10,000, or, in the case of mini-grants, \$2,000. It is important that project budgets be realistic. Do not apply for more money than you will reasonably need. In order to match evaluated applications with available funds, the grant administrator may negotiate with individual applicants for reduced program goals and grant awards.

**MINI-GRANTS:** Mini-grants are available for projects up to \$2,000. They have a separate application form and instructions. Mini-grants will be evaluated apart from the regular grant applications by a simplified scoring process and will not compete with regular grants for funding.

**INTERNSHIP PROGRAM:** The internship program provides funding for the intern's travel, living stipend, a housing supplement if necessary. There is a separate application form and instructions for intership grants.

# ELIGIBILITY

Alaska museums or museum-related organizations, such as historical societies, historic sites, museum support groups, cultural centers, and science centers may apply. A museum or related organization may submit only one application for its direct benefit. It is the organization's responsibility to determine who will submit the grant application on its behalf. An applicant may submit either a regular grant, a mini-grant, or an internship grant application, but only one grant program can be applied for each year.

To qualify, an applicant must:

1. be a legally organized, permanent, non-profit organization, that is essentially educational in purpose; and
2. own, care for, utilize and interpret tangible objects and exhibit them to the public; and
3. be open and advertised to the public on a regularly scheduled basis for no less than 90 days total, in the fiscal year for which a grant is requested; and
4. employ at least one person, or the full-time equivalent,\* either paid or unpaid, whose time is primarily devoted to the care and public exhibition of objects owned or used by the museum; and
5. maintain separate and distinct itemized budget records (if part of a parent organization); and
6. have satisfactorily filed all previous year Grant-in-Aid accounting, if applicable; and
7. not be a state or federal governmental entity, or be acting on behalf of a state or federal governmental entity;

-OR-

8. be a legally organized, permanent, non-profit organization, the purpose of which is to augment and enhance statewide museum services, practices and education; and have satisfactorily filed all previous year Grant-In-Aid accounting, if applicable.

\* Full-time during the calendar period the museum is open to the public.

Part-time positions may be combined to equal one full-time position.

**APPLICATIONS MUST BE TYPED OR WORD PROCESSED  
EMAIL APPLICATIONS ARE ACCEPTED  
NO FAXED APPLICATIONS PLEASE**

You may compose the application on your computer  
as long as you maintain the same format.

If you are using the downloaded version in Word,  
please include all parts of the application.

# REVIEW CRITERIA AND GUIDELINES

The following criteria and point system will be used by panelists in the screening and review process:

## A. SCREENING (NO in response to #1 or #2 means the application will NOT be evaluated.)

1. Application was received in the Alaska State Museum postmarked no later than June 1, 2010.  YES  NO
2. Applicant meets eligibility requirements.  YES  NO
3. Application contained all checklist items and is signed by proper authority.  YES  NO

(Copies of incomplete applications will be returned to the applicant to provide necessary information. If funds are available, these applications will be reviewed in a second round, after the complete applications are reviewed and awards made.)

## B. GUIDELINES (For Mini-grants and Internships, see separate guidelines.)

Please refer to these guidelines when completing the application. Reviewers will use these guidelines when grading the applications. Grants will be evaluated on a 100-point system, with points awarded, section by section, as indicated.

### 1. PROJECT DESCRIPTION (You may use one additional sheet of paper if necessary. Please use a 10 point font or larger.)

#### A. DESCRIBE THE NEED FOR THIS PROJECT. (20 points)

Clearly identify the problem or need this project will address. How fundamental is the need? What is the history of the problem or need?

#### B. DESCRIBE THE PROJECT (35 points)

Describe the project in clear, simple terms from beginning to end. How does the project address the need? Show direct actions to be taken, and what the effect would be. If the project has a number of components, are they related? Try to avoid "catch-all" proposals that are not clearly focused.

#### C. TIMELINE (5 points)

Break your project down into a series of tasks. Show month-by-month when tasks would begin and end, and how they would sequence or overlap. Project should be completed by June 30, 2011.

#### D. LONG-RANGE PLAN (5 points)

If you can, show a clear connection between your project and an existing long-range plan. Use direct statements from the plan. You may attach a copy of the pertinent parts of your plan. Indicate the year the plan was written.

#### E. MAP or CAP SURVEY (5 points)

You can score up to 5 additional points if your project is a follow-up to a MAP or CAP survey. Indicate when the survey was done and what the recommendation is. Attach a copy of the pertinent text from the survey. This can be described further under section A (Need for Project). It is not required that your project be MAP/CAP related.

#### F. EVALUATION AND DOCUMENTATION (5 points)

How will you measure the project's success? What are the goals of the project? How will you know you have achieved these goals? Documentation might include before and after photographs, videotape, visitor surveys or evaluation sheets, a written report, newspaper clippings etc. You will need to show us what you accomplished.

#### G. PROJECT BUDGET DATA (15 points)

The budget should be complete, include appropriate information and clearly relate to the project. The costs should appear reasonable to complete the project as described. Matching funds or in-kind services should be indicated in the second column if appropriate. Matching funds are not required, but, depending on the type of project, matching funds and in-kind services may indicate a higher level of commitment and support for the project, which may be evaluated more favorably. Individual items should be described clearly and concisely. Equipment costs should be specific as to item, including brand names, if available.

### 2. FINANCIAL STATEMENT (10 points)

This is a summary of your organization's annual operating budget. Please include figures for your most recently completed fiscal year. If including figures for a parent organization, please distinguish between them and describe clearly. Please explain any broad discrepancies between revenue and expenditures. It will aid your application if you can show community support by volunteers or other outside funding. **The Grant-in-Aid should not be the primary source of support for the organization.**

# GRANT-IN-AID APPLICATION

FY 2011

All information must be in typed format. NO HANDWRITING PLEASE.

Organization Name: \_\_\_\_\_

Physical Address of Organization: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Director or Chief Administrator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site URL: \_\_\_\_\_

Circle the months of the year you are open: J F M A M J J A S O N D Annual visitation: \_\_\_\_\_

Daily Open Hours: Summer: \_\_\_\_\_ Winter: \_\_\_\_\_

Number of employees: Paid full-time: \_\_\_\_\_ Paid part-time: \_\_\_\_\_ Volunteer staff \_\_\_\_\_

Admission Charge: \_\_\_\_\_ Legislative districts: House \_\_\_\_\_ Senate \_\_\_\_\_

---

## CONTROL OF INSTITUTION

Please circle appropriate answer:

- |                              |                 |                 |             |       |
|------------------------------|-----------------|-----------------|-------------|-------|
| 1. Who governs your museum?  | City or Borough | Non-profit org. | Tribal org. | Other |
| 2. Who owns your collection? | City or Borough | Non-profit org. | Tribal org. | Other |
| 3. Who owns your building?   | City or Borough | Non-profit org. | Tribal org. | Other |
| 4. Who pays staff salaries?  | City or Borough | Non-profit org. | Tribal org. | Other |

IRS Tax ID Number: \_\_\_\_\_ (Necessary in order to award grant.)

(Attach a statement of tax status and/or copy of IRS Letter of Determination if a copy is not on file at the Alaska State Museum.)

---

## PROJECT DATA

Project Title: \_\_\_\_\_

Project Director: \_\_\_\_\_

Project Dates: Begins \_\_\_\_\_ Ends: \_\_\_\_\_

Is this project a follow-up to a MAP or CAP Survey? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate year you received a MAP or CAP survey, if any: IMAP (1) \_\_\_\_\_ CMAP (2) \_\_\_\_\_ PDA (3) \_\_\_\_\_

GMAP (4) \_\_\_\_\_ CAP \_\_\_\_\_

---

## SUMMARY

Briefly describe your project:

---

Total cost of project \$ \_\_\_\_\_ Amount requested from ASM \$ \_\_\_\_\_

Be sure to read Review Criteria sheet before completing. You may use one additional sheet if necessary for Section 1.

# 1. PROJECT DESCRIPTION

A. Describe the need for this project. What problem will this grant address? Why is it important? (20 Points)

B. Describe the project, and how it will address the need. Try to describe the project from beginning to end. (35 points)

C. Provide a TIMELINE to show how the project can be completed by the end of the grant period: (5 Points)

D. Does your institution have a Long-Range Plan? \_\_\_\_ Yes \_\_\_\_ No  
Describe how this project relates to your Long Range Plan. If this project doesn't relate to your institutional plan, please explain. (5 Points)

E. Does this project respond to recommendations of a MAP or CAP survey? \_\_\_\_ Yes \_\_\_\_ No (5 points)  
Explain briefly and attach a copy of the pertinent portion of the MAP/CAP recommendation.

F. Evaluation and Documentation: How will you measure the project's success? Briefly state the goal(s) of this project and describe how you will know you have achieved the goal(s). (5 points)

Goal(s) of project:

How will you know you have accomplished goal(s)?

How will you document the project so we will know what you accomplished?

G. PROJECT BUDGET DATA: Matching funds or additional contributions are NOT REQUIRED, but a contribution shows the significance of the project for the institution and community. If you are requesting funds for Personal Services, Contractual Services, or Equipment, you must supply the appropriate information requested on page 6, right hand column. (15 points)

	Requested from ASM	Applicant's Contribution to project, if any	Description
Personal Services / Salaries & Benefits	\$ _____	\$ _____	_____
(list by job title)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Contractual Services	\$ _____	\$ _____	_____
(list by job title)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Commodities / Consumable Supplies	\$ _____	\$ _____	_____
(itemize)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
New Equipment of a non-consumable nature	\$ _____	\$ _____	_____
Such as office or lab equipment.	\$ _____	\$ _____	_____
(itemize)	\$ _____	\$ _____	_____
Printing / Reproduction	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Travel	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Other (itemize)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Total Project Cost	\$ _____	(+) \$ _____	= _____

If this project is dependent upon other pending grants, please identify source(s), amount(s), expected award date(s).

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

## 2. FINANCIAL STATEMENT

Use information from most recently completed year. (10 Points)

1. Overall annual operating budget for most recently-completed fiscal year: \_\_\_\_\_

2. Fiscal year is from \_\_\_\_\_ to \_\_\_\_\_

<b>Revenue Sources:</b>	3. Federal	\$ _____
	4. State (include previous G.I.A.)	\$ _____
	5. Municipal	\$ _____
	6. Admissions Revenue	\$ _____
	7. Memberships	\$ _____
	8. Museum Store (Indicate only NET funding to museum budget)	\$ _____
	9. Other (Fundraising, corporate support etc.)	\$ _____
	<b>10. Total Revenue</b>	\$ _____

<b>Operating Expenditures:</b>	11. Salaries	\$ _____
	12. Benefits	\$ _____
	13. Goods & Services (including contractual)	\$ _____
	14. Equipment	\$ _____
	15. Facilities maintenance (including utilities)	\$ _____
	16. Rent / mortgage	\$ _____
	17. Collection acquisitions	\$ _____
	18. Other (specify)	\$ _____
	<b>19. Total Expenditures</b>	\$ _____

Note: Please explain any significant differences between lines 1, 10 and 19.

20. Number of members: \_\_\_\_\_

21. Number of volunteers: \_\_\_\_\_

22. Number of hours contributed by volunteers \_\_\_\_\_

23. Estimated value of all donated services, equipment, and/or material \$ \_\_\_\_\_

# CHECKLIST

This is provided to ensure that the application is complete. Applications that are not complete will be copied and returned to the applicant for completion.

Resubmitted applications will be placed in a second category of applications to be evaluated after all of the complete applications have been evaluated—IF funds remain.

## \_\_\_ PROJECT

\_\_\_ Description and need. (1A-B)

\_\_\_ Time Line (1C)

\_\_\_ Tie to Long Range Plans (1D)

\_\_\_ Evaluation (1E)

\_\_\_ Budget (1G)

\_\_\_ Financial Statement (2)

AND

\_\_\_ Statement of tax status (or copy on file at ASM)

AND

\_\_\_ Certifying signature (below)

\_\_\_ Copy of MAP or CAP survey if not on file with ASM

If your budget contains the following categories, be sure to provide the accompanying information, either in the narrative, or on additional sheets.

## \_\_\_ PERSONAL SERVICES

\_\_\_ Job Description

\_\_\_ Rate / Amount of Pay

\_\_\_ Attach resumes if available (optional)

## \_\_\_ CONTRACTUAL SERVICES

\_\_\_ Description of Services

\_\_\_ Statements of Commitment, if applicable

## \_\_\_ EQUIPMENT

\_\_\_ Itemized List of Product Names and Prices

---

# CERTIFICATION

This certification must be signed by a principal of the organization with legal authority to obligate, and with knowledge of the matters contained herein.

The undersigned certifies: (1) all information herein is accurate or represents a reasonable estimate of future operations, based on data available at the time of the application; and (2) that there are no false statements or misrepresentations in the information herein or as a supplement.

\_\_\_\_\_  
Typed name and title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date