

# Vermont Museum & Gallery Alliance

## Building Accomplished Museums: Collections Stewardship

### 2008 Program Application

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ URL \_\_\_\_\_

Contact Person (name & title) \_\_\_\_\_

E-mail \_\_\_\_\_

1. Number of paid staff \_\_\_\_\_ Volunteer Staff \_\_\_\_\_
2. Annual Budget \_\_\_\_\_
3. Which of the following VMGA programs has your organization taken advantage of within the past 5 years:  

<input type="checkbox"/> VCCP General Survey	<input type="checkbox"/> VCCP Specific Survey
<input type="checkbox"/> VCCP Implementation Grant	<input type="checkbox"/> VCCP Treatment Grant
<input type="checkbox"/> Mentors Program	<input type="checkbox"/> Workshops
<input type="checkbox"/> Annual Meeting	<input type="checkbox"/> LLHS/VMGA Conference
4. Briefly describe (1/2 page maximum) your organization in terms of space (buildings), collections, and exhibitions.
5. Do you have any of the following? (check all that apply)  

<input type="checkbox"/> Collections Management Policy	<input type="checkbox"/> Strategic/Long Range Plan
<input type="checkbox"/> Disaster Preparedness Plan	<input type="checkbox"/> Housekeeping Plan/Procedures
<input type="checkbox"/> Exhibition/Interpretive Plan	<input type="checkbox"/> Preservation Plan
6. Do you have any of the following? (check all that apply)  

<input type="checkbox"/> Collections Management Policy	<input type="checkbox"/> Strategic/Long Range Plan
<input type="checkbox"/> Disaster Preparedness Plan	<input type="checkbox"/> Housekeeping Plan/Procedures
<input type="checkbox"/> Exhibition/Interpretive Plan	<input type="checkbox"/> Preservation Plan

7. Who is responsible for collections care & management at your organization? (please provide names, titles, job descriptions as appropriate)
8. In a brief narrative (max. 2 pages) please address the following questions:
- Why is your organization interested in participating in the program? Please provide at least two organizational goals/objectives that you hope to achieve by the end of the program.
  - How have you improved collections care & management at your organization? What are your greatest collections care obstacles?
  - How will you ensure the long-term utilization and implementation of the knowledge learned through this program?
9. Please include the following items with your application:
- Mission Statement
  - Letter of support from Board of Trustees & List of Board Members
  - Promotional items such as newsletters, brochures, etc. that provide background on your institution (limit 3 items)
10. \_\_\_\_\_ I understand that if selected for the program I will be responsible for the following:
- \$300 program fee
  - Providing direct oversight and lodging for intern during 3 weeks they are at my institution
  - Minimum of 2 people at each workshop
  - Completion of any reports or program evaluations as requested by VMGA
  - Commitment to share experiences & knowledge with other organizations

\*Please note that this program is open only to VMGA Institutional Members. If you're not already a member, visit our website for information and a membership form: [www.vmga.org](http://www.vmga.org).

Mail two (2) copies of your completed application and support materials to the address below by **February 1, 2008**. If you have any questions about the program or the application, please contact Director Eileen Corcoran at [vccp@sover.net](mailto:vccp@sover.net), (802) 475-2022 x114.

Vermont Museum & Gallery Alliance  
c/o LCMM  
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