**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 an absolute charter.

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

Office of Cultural Education

New York State Education Department

C/o Lauren Lyons

3023 Cultural Education Center

Albany, NY 12230

Phone: (518) 486-3843

Email: charters@nysed.gov

(Please do not fax this form to us)

**CULTURAL AGENCY PROFILE**

**INSTRUCTIONS**

Please answer all the questions to the best of your ability and feel free to add any addition information you think necessary. Once completed please send to the mailing or email address above, or with the absolute charter petition to the New York State Education Department, Office of Counsel.

**I. GENERAL INFORMATION**

1. Complete Corporate Name of Organization:

2. Address.

P.O. Box or Street (if mailing address is a PO Box, please also give the organization’s physical address):

City:

County:

State and Zip Code:

Telephone number:

E-mail address:

3. 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:

**II. GOVERNING AUTHORITY**

1. Does the organization have a legally constituted Board of Trustees? Yes No

2. Are updated copies of the organization's governing documents on file - that is, the Constitution or By-Laws? Yes No

3. Does the organization have a Code of Ethics? Yes No

**III. 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

2. 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

3. Does the organization utilize the services of volunteers? Yes No

4. Does the organization have a program (formal or informal) for training volunteers? Yes No

**IV.** **FINANCES**

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

Yes No

2. Does the organization have formal financial and record maintenance policies? Yes No

3. Does your organization have an annual budget? Yes No

If Yes, please provide a breakdown.

4. Does the organization complete yearly audits or financial review? Yes No

**V. FACILITIES**

1. Does the organization own and/ or rent real property? Yes No

If No, please explain:

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

2. Does this space have fire, security and climatic control systems? Yes No

Are fire extinguishers available? Yes No

3. Does the organization have an emergency/ disaster preparedness plan? Yes No

Is the building insured? Yes No

4. Are your facilities open to the public at stated hours without advanced reservations? Yes No

If yes, how many hours/year is it opened?

If no, please describe what the organization does in place of open hours.

**VI. COLLECTIONS**

1. Does the organization own collections? Yes No

If yes, what percentage of the collection is accessioned? \_\_\_\_\_\_\_\_\_\_\_\_ Percent

 If No, please explain:

1. Briefly describe the composition of your collection.
2. Has the organization deaccessioned any objects from the collections in the last three years?

Yes No

If yes, please state the reason for deaccessioning and if there were any proceeds.

1. Is an updated 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 on file? Yes No

 If yes, does the policy state the recent deaccession rules that came into effect on June 8, 2011?

Yes No

If no, please have these new deaccession rules added to the current collections management policy. (These rules are required before a site visit can be scheduled)

5. Are collection record files duplicated and a copy kept elsewhere for security? Yes No

6. Is the organization's collection insured? Yes No

7. Are loaned objects insured? Yes No

8. Are collections regularly surveyed to determine the condition of objects? Yes No

9. Has the organization used the services of outside conservators or restorers? Yes No

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

**VII. 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

1. 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?

**VIII. PLANS AND FUTURE**

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

A.

B.

C.

D.

E.

F.

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

A.

B.

C.

D.

E.

F.

**IX. Additional Question**

1. Is there an area related to the management or operation of your organization that would benefit from technical assistance? Yes No
2. If Yes, please choose the topic(s) that apply
	1. Collections Care
		1. Type of Collection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Exhibits
	3. General Administration
	4. Board or Trustee Management
	5. Museum Policies and Procedures (re: disaster procedures, collections policies, etc.)
	6. All the Above
	7. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this questionnaire.**

**Supporting Document Checklist**

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

2. Most recent copies of the organization's governing documents.

3. Code of Ethics.

4. List of all committees established by the Board.

5. List showing each position, hours per week and salary, if applicable.

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

7. Attach a copy of the organization's IRS tax-exempt letter.

8. Current budget.

9. Emergency/ disaster plan

10. Most updated copy of the organization’s collections management policy

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

Signature of Preparer:

Title of Preparer:

Date:

**RETURN THIS FORM TO:**

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Updated: September 23, 2019