

# Collections Assessment Grant FY2024

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*Connecticut Humanities*

## *Project Eligibility*

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**Stop! Before filling out the application, please be sure to review the following:**

The Collection Assessment Grant Program (CAG) provides small and mid-sized museums with a free assessment of their museum or archive collections. The assessment is a half-day site visit that examines collections on exhibit, in storage, and policies and procedures related to collection care and management. Grant recipients will receive a written report of observations and prioritized recommendations.

Please review the Collections Assessment Grant guidelines before applying.

Before applying, organizations must contact Conservation ConneCTion director, Kathy Craughwell-Varda, [CSL.ConservationConnection@ct.gov](mailto:CSL.ConservationConnection@ct.gov), to discuss their grant application. We are eager to help you submit a strong application and are available to review draft applications received at least two weeks before the grant deadline.

### **Are your institution's annual expenses \$250,000 or less for your current fiscal year?\***

Please note that your institution's expenses in your annual budget must be \$250,000 or less in order to be eligible for this grant line.

#### **Choices**

Yes  
No

### **Institution Purpose\***

Does your institution provide significant programs and/or services to the public on a regular basis, including open hours and special events; or function as a professional service organization that supports humanities program providers?

Please note that your institution must meet this requirement to be eligible for this grant.

#### **Choices**

Yes  
No

### **Does your institution own its collections?\***

Please note that your institution must own its collections to be eligible for this grant.

**Choices**

- Yes
- No

## *Collections*

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**Project Name\***

Please assign a title for your funding request for our granting system and process, using the following format: "XYZ Institution Collections Assessment Grant Program Request"

*Character Limit: 100*

**What is your institution's mission statement?\***

*Character Limit: 1500*

**Indicate who is responsible for your institution's collections:\***

(Select all that apply)

**Choices**

- Curator (paid)
- Curator (unpaid)
- Archivist (paid)
- Archivist (unpaid)
- Librarian (paid)
- Librarian (unpaid)
- Other

**If you selected "Other," please explain who is responsible for your institution's collections.**

*Character Limit: 500*

**Are collections available to the public through exhibits and/or research?\***

**Choices**

- Yes
- No
- Other

**If you selected "Other," please explain how your collections are made available to the public:**

*Character Limit: 500*

**How many buildings hold collections or exhibits?\***

*Character Limit: 250*

**Are collections housed in buildings on the same site?\***

**Choices**

Yes

No

**If you answered "No," please explain where your collections are housed:**

*Character Limit: 500*

**Where are collections stored and displayed?\***

Please select all that apply.

**Choices**

Attic

Basement

Closet

Room in facility

Dedicated storage area

Off-site

**What percentage of your collection is currently on display for the public?\***

Please select the percentage that best describes how much of your collection is currently on display. Best estimates are fine.

**Choices**

100%

75%

50%

25%

Less than 25%

**Choose the statement that best describes your collection storage areas for your Museum Collection\***

Your Museum Collection may include furniture, glass, metal, textiles, etc.

**Choices**

Space available for growth

Adequate

Full

Crowded

**Choose the statement that best describes your collection storage areas for your Archive Collection\***

Your Archive Collection may include documents, ledgers, photographs, etc.

**Choices**

Space available for growth

Adequate

Full

Crowded

**Has your institution had an assessment of the museum or archive collection?\*****Choices**

Yes, within the last 5 years

Yes, more than 5 years ago

Yes, but only a portion of the collection was surveyed

No

I don't know

**Explain the significance of your institution's collections.\***

Why is your collection important to your institution and community? What are your collection highlights?

Please write a minimum of 500 characters.

*Character Limit: 3000*

**Which collection would you like assessed?\*****Choices**

Museum (furniture, glass, metal, textiles, etc.)

Archives (documents, ledgers, photographs, etc.)

**Why did you select this collection (Museum or Archive) to be assessed?\***

Please write a minimum of 500 characters.

*Character Limit: 3000*

**What is your goal for this collections assessment?\***

What do you hope to learn? Should your assessment focus on a particular collection concern? How does this collections assessment relate to institutional goals and priorities?

Please write a minimum of 500 characters.

*Character Limit: 3000*

**What are the anticipated outcomes of a successful collections assessment?\***

Do you anticipate any challenges in implementing the recommendations in the assessors report?

Please write a minimum of 500 characters.

*Character Limit: 3000*

**Who will be responsible for implementing the recommendations in the assessor's report?\***

Please include their role at your institution.

*Character Limit: 1500*

## Upload Images of Your Collections\*

Please upload images of areas at your institution where collections are exhibited or stored.

Please combine photos into one document and upload them below. We recommend uploading the photos as a Word document or PDF.

*File Size Limit: 8 MB*

## Organization Information

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### Which of the following describe your institution?\*

#### Choices

Art museum  
Historical Society  
Historic House Museum  
Museum (Other)  
Library  
Other

### If you selected "Other" above, please list your institution type(s):

*Character Limit: 250*

### Year Founded

*Character Limit: 250*

### Budget Range\*

Please select the range that best represents your institution's total expenses for your current fiscal year.

Please note that institutions with annual budget expenses over \$250,000 are not eligible to apply for this grant.

#### Choices

Under \$50,000  
\$50,001 - \$100,000  
\$100,001 - \$250,000

### What is the total amount spent on collections care in your current fiscal year's budget?\*

*Character Limit: 20*

### How many months a year is your institution open?\*

#### Choices

1-3  
4-6  
7-9

10-12

Other

### If you selected "Other," please explain:

*Character Limit: 500*

### How many full-time, paid staff do you currently employ?\*

*Character Limit: 250*

### Full-Time Staff Roles\*

Please list all full-time, paid staff and their job title, role(s), and responsibilities.

If you do not have any full-time, paid staff, please write "N/A" in the text box below.

*Character Limit: 2000*

### How many part-time, paid staff do you currently employ?\*

*Character Limit: 250*

### Part-Time Staff Roles\*

Please list all part-time, paid staff and their job title, role(s), and responsibilities.

If you do not have any part-time, paid staff, please write "N/A" in the text box below.

*Character Limit: 2000*

### How many volunteers currently work with your institution?\*

*Character Limit: 250*

### How many visitors did you have at your institution in 2022?\*

Estimates are acceptable. Include in-person visitation only.

*Character Limit: 250*

### Optional Upload

If there are any additional documents you would like to share with us, please upload them here.

*File Size Limit: 2 MB*

## Applicant Information

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### Authorizing Signatory\*

Note: If funded, the **Authorizing Signatory** is the person authorized to sign a grant contract for your organization.

*Character Limit: 100*

**Authorizing Signatory Last Name\***

*Character Limit: 100*

**Authorizing Signatory Title\***

*Character Limit: 100*

**Authorizing Signatory Mailing Address\***

Please follow this formatting example:

*Connecticut Humanities, 100 Riverview Center, Suite 290, Middletown, CT 06457*

*Character Limit: 250*

**Authorizing Signatory Phone Number\***

Please use the following format:

*000-000-0000*

*Character Limit: 15*

**Authorizing Signatory Email Address\***

*Character Limit: 100*

**Project Director First Name\***

Note: The Project Director is the person responsible for managing your project. This individual will become your organization's primary contact person with Connecticut Humanities should the grant be funded. The Project Director and the Fiscal Agent CANNOT be the same person.

*Character Limit: 100*

**Project Director Last Name\***

*Character Limit: 100*

**Project Director Title**

*Character Limit: 250*

**Project Director Organization\***

*Character Limit: 250*

**Project Director Phone Number\***

Please use the following format:

*000-000-0000*

*Character Limit: 15*

**Project Director Email Address\***

*Character Limit: 100*

**Fiscal Agent First Name\***

Note: The Fiscal Agent is the person responsible for managing your project's grant funds and expenditures. The Project Director and the Fiscal Agent CANNOT be the same person.

*Character Limit: 100*

**Fiscal Agent Last Name\***

*Character Limit: 100*

**Fiscal Agent Title**

*Character Limit: 100*

**Fiscal Agent Organization\***

*Character Limit: 100*

**Fiscal Agent Phone Number\***

Please use the following format:

*000-000-0000*

*Character Limit: 15*

**Fiscal Agent Email Address\***

*Character Limit: 100*

**Current Board List\***

Please attach a current list of your organization's board members (i.e., names, mailing addresses, and email addresses) in pdf format.

*File Size Limit: 3 MB*

**Letter of Support\***

Please attach a letter of support from your board president demonstrating the board's support for this grant application.

*File Size Limit: 3 MB*

**Current Year Operating Budget\***

Please attach your organization's current year operating budget in pdf format.

*File Size Limit: 3 MB*

**Application Certification\***

"I certify that the information presented in this application is true and accurate. I have read and understand the guidelines relating to this application. The applicant organization is in compliance with any grants previously awarded by Connecticut Humanities."

**Choices**

By checking this box, I certify that I have read and understood the above statement.

**Certified By\***

Name and Title

*Character Limit: 250*

To receive information from CT Humanities about our grant opportunities, subscribe to our grants e-newsletter [here](#).