

Date of this application:

STATE ARCHIVES OF NORTH CAROLINA
Traveling Archivist Program (TAP)
Application for Assistance

Please refer to Guidelines before completing this application

I. INSTITUTIONAL INFORMATION

1. Name of Institution:

If part of a larger institution, please list parent organization:

Your Name:

Your Title:

Your E-mail address:

Your Telephone:

Institutional Mailing Address:

Street Address (If different than mailing address):

City:

Zip:

Fax:

Institutional E-mail:

Institutional Website:

Telephone:

County:

U.S. Congressional District:

2. Have you received a TAP visit before? Yes No If yes, what date? mm/dd/yyyy
3. Have you had consulting services before or have you received assistance from any organization or state/local agency before? Yes No If yes, describe those services and date delivered (e.g. survey; consultation)

4. Primary Type of Institution (Check only one):

Archives; Library; Historical Society; Genealogical Society; Historic Site/House;
Museum; Other; please describe

PLEASE NOTE: EACH OF THE FOLLOWING QUESTIONS REFERS SOLELY TO THE ARCHIVAL COLLECTION FOR WHICH YOU ARE REQUESTING ASSISTANCE. AS EXAMPLES, IF YOU NEED ASSISTANCE WITH A LOCAL HISTORY COLLECTION THAT IS PART OF A LIBRARY'S HOLDINGS, ADDRESS ONLY THAT COLLECTION, OR IF YOU HAVE ARCHIVAL RECORDS AS PART OF A MUSEUM COLLECTION, ADDRESS ONLY THE ARCHIVAL COLLECTION.

5. In the space below, please describe the nature of your collection (s) (*LIMIT 150 WORDS*) addressing:

- *how it came into existence;*
- *ways the collection is promoted to and accessed by the public;*
- *the significance of this collection to North Carolina history and culture.*

6. Staff dedicated to this collection:

All volunteer run organization; 1 or fewer paid staff; 2-5 paid staff; Over 5 paid staff

7. Number of volunteers, interns, etc. in addition to paid staff who work specifically on this collection:

8. Square footage of storage space dedicated for this collection: _____

9. Square footage of public services space available for this collection: _____

10. Is this archival collection accessible to the public? Yes No

11. Number of people who access and use this collection annually (onsite): _____

12. Operating hours and days that this collection is open to the public: (for example, M-F; 8:00 a.m.--1:00 p.m. or "by appointment only", etc.) _____

13. What is your annual budget for the management and care of the archival collection? _____

14. Source(s) of funding for this collection: (Please check all that apply)

- | | | |
|----------------------------------|---------------------|-------------------------|
| Federal appropriation | State appropriation | Local appropriation |
| Private funding (bequests, etc.) | Admissions fees | Other (please describe) |

15. Do you currently receive any grant monies (private, federal, or state) to operate this collection? Y N If yes, please list and describe:

16. What guidelines and policies do you have for the management of your collections and operations? (For example, administrative articles of incorporation, accessions, collections management, or reference policies.)

II. COLLECTIONS INFORMATION

17. Type of material included in this collection: (Please check all that apply)

- Personal papers, diaries, ledgers, correspondence or letters
- Photographic prints/negatives/slides
- Scrapbooks
- Maps
- Microfilm/fiche
- Drawings/2-dimensional works of art
- Architectural drawings
- Image recordings: _____ list media formats (e.g. film, video tapes)
- Sound recordings: _____ list media formats (e.g. cassette tapes, albums)
- Magnetic storage tapes
- CDs or other computer media
- Electronic or Digital Materials
- Administrative Records
- Rare books
- Other; please describe

18. What is the volume of your archival holdings? (e.g. number of cubic feet or ; number of manuscript boxes; indicate only one) _____ cu. feet or _____ (number of boxes)
19. Is this collection protected by climate and environmental controls? Y N
20. What percentage of this collection is arranged and described or cataloged? ____%
21. What percentage of this collection has finding aids/inventory lists or other finding tools? ____%
22. What percentage of this collection is accessible online? ____%
23. What percentage of this collection needs immediate preservation/conservation action? ____%
24. Using the list below, with 1 being the most important, and 6 being the least important, please prioritize the topics for which you would like assistance. Do not use a number more than once.

- ____ Accessions and acquisitions
- ____ Disaster preparedness
- ____ General care of collections (handling, storage)
- ____ Collection access (preparation of finding aids/cataloging)
- ____ Preservation/Conservation
- ____ Education/Training

25. If the above selections do not represent your most pressing need, please describe your first priority relating to the care and management of this collection:
26. Where physically is the archival collection housed?
27. How and by whom is the archival collection used?
28. How do you promote the collections and accessibility to the public? (i.e., how do people know about your collections?)

29. Do you use this collection for public programs? Y N

If yes, please describe (e.g. lectures, workshops, special events, teaching tools, etc.)

30. How would you assess the physical condition of this collection?

Good Fair Poor Very Poor

31. What is one measurable objective you will achieve with TAP assistance? (limit 100 words)