

Artifact Assessment Program Application: a service of the New Jersey Association of Museums



The New Jersey Association of Museums received a project grant from the New Jersey Historical Commission, a division of the Department of State, to provide artifact assessments.



Reminder: Eligible organizations are in New Jersey; have collections related to New Jersey; make their collections available to the public and hold artifact collections in the public trust; do not receive primary funding from a governmental entity.

Contact Information:

Name of Institution: _____

Telephone: (_____) _____

Address: _____

Contact Person: _____

Position/Title: _____

Email address: _____

Institutional Information:

Number of staff members:

Full-time _____ Part-time _____ Volunteer _____

Is there a person responsible for collections such as a curator, registrar or collections manager? (yes/no): _____

If yes, please give name and title: _____

Does the institution have

- Historic buildings
- Dedicated artifact storage
- Off-site storage

Institutional budget for current year: _____

Funding sources (check all that apply):

- Donations
- Endowment
- Grants
- Program income
- Membership
- Federal, state or local government (if checked, please describe):

Describe the basic goals of the institution (i.e. collecting local historical material, developing educational programs, etc.):

Purpose of AAP Survey (check all that apply):

Initial AAP Survey

- Survey and evaluate environmental conditions in storage and exhibition areas
- Survey and evaluate condition of artifacts in storage and on exhibition
- Survey and evaluate storage arrangement and collection management processes
- Survey and evaluate documentation systems, processes and intellectual access

Follow-up Visit (Should have initial survey completed)

- Evaluation of a significant new collection
- Aid in disaster response.
- Evaluation of move to new building or location.
- Scope of Work for Grant Funded Project
- Other: please describe or outline:

Collection Information:

Approximate number of objects in collection: _____

Approximate date range of objects: _____

Estimate the types and amount of artifacts as you have, please give the relative percentages (e.g. 1% - 100%):

Furniture	_____	Personal Artifacts	_____
Decorative Arts	_____	Ethnographic Artifacts	_____
Textiles & Costume	_____	Archaeological Material	_____
Tools & Equipment	_____	Natural History Specimens	_____
Fine Arts	_____	Other (please explain)	_____
Transportation Artifacts	_____		_____

Additional Materials:

Please check existing documents available upon request; do not attach to your application:

<input type="checkbox"/>	Mission statement	<input type="checkbox"/>	Catalog cards
<input type="checkbox"/>	Collections policies	<input type="checkbox"/>	Artifact work sheets / Catalog Sheets
<input type="checkbox"/>	Charter or documents of Incorporation	<input type="checkbox"/>	History of institution and collection
<input type="checkbox"/>	By-laws	<input type="checkbox"/>	Emergency Preparedness & Response Plan
<input type="checkbox"/>	Procedural manual (administration)	<input type="checkbox"/>	Ethics policy
<input type="checkbox"/>	Procedural manual (collections)	<input type="checkbox"/>	Institution & programs brochures

Signatures & Disclaimers:

As a condition of participation, this institution agrees to indemnify, defend and hold harmless, the New Jersey Association of Museum and NJAM board members, funders, consultants, employees, members, agents, and volunteers from any and all claims, demands, lawsuits, causes of actions, assessments, penalties, or any other liabilities whatsoever, arising from or related to the Artifact Assessment Program including, but not limited to, damages sustained by the property or individuals associated with the institution either through action, lack of action or reliance on the advice generated by this program. Artifact assessment is not to be considered or used as a financial appraisal. Any disputes arising under or related to this Agreement shall first be mediated and then arbitrated.

Name _____

Signature _____ Date _____

Submit the completed application to: New Jersey Historical Commission, P. O. Box 305, Trenton, NJ 08625-0305