



Museums Alaska - Collections Management Fund 2022

Museums Alaska, Inc.

Application #CMF20220001

Primary Contact:

Dixie Clough

Phone:

(907) 371-4348

Email:

director@museumsalaska.org

Applicant Profile

Applicant Type

Organization

Legal Name

Museums Alaska, Inc.

Date of 501(c)3 incorporation

01/30/1985

Address

625 C St

Anchorage, Alaska 99501

UNITED STATES

Telephone

(907) 371-4348

Primary Contact

Dixie Clough

Phone: (907) 371-4348

Email: director@museumsalaska.org

FEIN / TAX ID

92-0097153

Date Organization Formed

10/17/1983

Web Address

museumsalaska.org

Mission Statement

Museums Alaska supports museums and cultural centers in Alaska and enhances public understanding of their value.

Organization History

Museums Alaska is a statewide professional association that strengthens museums and cultural centers and enhances public understanding of their value through training, networking, professional development opportunities, grant programs, and advocacy. The organization began as a committee of the Alaska Historical Society in the late 1970s and became a non-profit organization [501(c)(3)] in 1983. Over the past four decades, Museums Alaska has steadily strengthened its operations and services and in 2020 hired its first full-time director to further grow the organization. Museums Alaska provides services to museums, cultural organizations, and professionals across Alaska. Members represent a diverse group of professionals, students, consultants, and museum enthusiasts who are interested in caring for and sharing Alaska's heritage. The organization supports an average of 150 members in communities from Nome to Ketchikan and many others who participate in events, programs, and trainings hosted by Museums Alaska. To advance its mission, Museums Alaska acts as a clearinghouse for information about Alaska's cultural institutions and their activities, advocates for museums at the state and national levels, develops opportunities and resources for professional education, and maintains an innovative grant program.



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Organization Information

Organization President / Executive Director Name

Organization President / Executive Director Phone Number

Organization President / Executive Director Email Address

Organization Type

(Nonprofit, Government, Tribal Entity, Other)

Exemption Status

(501(c)(3), 509(a), Other)

If other status, please specify

Fiscal Sponsor Information (if applicable)

Fiscal Sponsor Name

Fiscal Sponsor Address

Fiscal Sponsor EIN

Organization Size

Total Organization Budget

Total Number of Board Members

Total Number of Staff

Total Number of Volunteers

You must click "Save Work" at the bottom of each page.



MUSEUMS
ALASKA

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Upload Organizational Documents

No Work Samples are assigned to this application.



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Funding Request

Project Name

Total Project Budget

Requested Amount

Project Category

(Check all that apply)

Estimated Grant Completion Date

(Must be within 2 years of award. Please attach a timeline on the next page.)

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Timeline

Please attach a timeline to support your project description narrative. You may create your own or use our basic template.

Timeline Attachment

No File Uploaded

You must click "Save Work" at the bottom of each page.



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Narrative

PROJECT DESCRIPTION: Describe your project, the need, and benefit to your institution and community. Answers should be concise, and include detailed numbers where appropriate (for example, number of collections to be cataloged, or estimated length of time to catalog an item).

Please carefully review the current guidelines.

TIP: Click on the question mark next to each question to see guiding questions.

Please provide a short summary of your project.

(250 character limit)

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What is the problem you are solving?

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Describe the steps of your project and who will be involved.

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What are the goals and benefits of the project?

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How will you evaluate the project?

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If this is an emergency situation, please explain why.

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massa.

Is there anything else the review committee needs to know about your application?

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Project Budget

Project Budget & Narrative: Please attach a balanced budget for the project, including amount requested in this application. Please use our budget template.

Project Budget

No File Uploaded

Please attach any documents you wish to share related to your budget: quotes from consultants, shipping quotes, cart/checkout screenshots, etc.

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Optional Attachments

Please attach supporting materials for this application. You are strongly encouraged to submit staff descriptions or resumes of all staff members/contractors involved in the project.

Other optional attachments may be recruitment announcements for short-term hires, or letters of commitment. If you are submitting an image, you must convert it to a PDF or paste it into a document (uploader only accepts .txt .pdf .doc and .xls file types). If you need to submit more than 6 attachments, please notify the program administrator.

Optional Attachment

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Certificate and Signature

In order for your application to be considered, you must certify the following and provide your digital signature below.

An institution that has not completed the requirements for an outstanding grant from Rasmuson Foundation or Museums Alaska will not be eligible for the Collections Management Fund Program until all outstanding obligations have been satisfied.

Have you completed your final reporting for all previous Collections Management Fund grants?

Have you completed the requirements for any outstanding grants from Rasmuson Foundation?

I agree to Museums Alaska's Code of Conduct.

Signature of Authorized Representative

(Typed name signifies authorization)

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