



2017 Nomination Form—Page One

National Medal for Museum and Library Service
(To be filled out by the nominated organization.)

A. Cover Sheet

1. Legal Name of Your Organization:¹ _____

Organizational Unit (if different from Legal Name): _____

2. Organization Address

Street1: _____

Street2: _____

City: _____

County: _____

State: _____

Zip+4/Postal Code: _____

3. Telephone Number: _____

4. Fax Number: _____

5. Web Address: <http://> _____

6. Name of Organization's Director/CEO: _____

Title: _____

E-mail: _____

Telephone Number: _____

7. Your Name (the person completing this form): _____

Title: _____

E-mail: _____

Telephone Number: _____

8. Type of Institution (check one):

- ☐ Academic Library
- ☐ Aquarium
- ☐ Arboretum/Botanical garden
- ☐ Art Museum
- ☐ Children's/Youth Museum
- ☐ Digital Library
- ☐ General Museum²
- ☐ Historic House/Site
- ☐ History Museum
- ☐ Library Association
- ☐ Library Consortium
- ☐ Museum Library

- ☐ Natural History /Anthropology Museum
- ☐ Nature Center
- ☐ Planetarium
- ☐ Public Library
- ☐ Research Library/Archives
- ☐ School Library, or School District applying on behalf of a School Library or Libraries
- ☐ Science/Technology Museum
- ☐ Special Library
- ☐ Specialized Museum³
- ☐ Zoo
- ☐ Other, please specify: _____

¹ If your organization is not an eligible entity on its own, then enter the name and address of the eligible entity under "Legal Name." For example, if a library that is part of a parent organization such as a university is applying, it would enter the university under "Legal Name" and the library under "Organizational Unit."

² A museum with collections representing two or more disciplines (e.g., art and history)

³ A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group)



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A. Cover Sheet (continued)

9. Governing Control (check one):

- | | |
|---|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> City or Township Government | <input type="checkbox"/> Private Institution of Higher Education |
| <input type="checkbox"/> Special District Government | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Regional Organization | <input type="checkbox"/> For-Profit Organization (Other than Small Business) |
| <input type="checkbox"/> U.S. Territory or Possession | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Independent School District | <input type="checkbox"/> Hispanic-Serving Institution |
| <input type="checkbox"/> Public/State-Controlled Institution of Higher Education | <input type="checkbox"/> Historically Black Colleges and Universities (HBCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) | <input type="checkbox"/> Tribally Controlled Colleges and Universities (TCCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions |
| <input type="checkbox"/> Public/Indian Housing Authority | <input type="checkbox"/> Nondomestic (non-U.S.) Entity |
| | <input type="checkbox"/> Other, please specify: _____ |

10. Nominated Organization's D-U-N-S® Number:⁴ _____

11. Nominated Organization's Employer/Taxpayer Number (EIN/TIN): _____

12. Congressional District of Nominated Organization⁵: _____

13. Organization's Annual Operating Budget: _____

14.	A. Fiscal Year	B. List Total Revenue ⁶ / Support Income	C. List Total Expenses/ Outlays ⁷	Difference between B. Total Revenue and C. Total Expenses

15. If your organization had a deficit greater than 10% of your annual operating budget for any of the fiscal years listed above, please explain the circumstances of this deficit.

16. Has your organization had an A-133 audit in the past three years? ☐Yes ☐No

17. If no, has your organization had a financial statement audit in the past three years? ☐Yes ☐No

⁴ Verify that your organization has a D-U-N-S® Number or take steps to obtain one. Your organization can receive a D-U-N-S® Number at no cost by calling the dedicated toll-free D-U-N-S® Number request line at 1-866-705-5711 or by visiting www.dnb.com/us.

⁵ Congressional Districts can be found by entering the zip code of the institution at www.house.gov/representatives/find.

⁶ For nonprofit tax filers Total Revenue can be found on line 12 of the IRS Form 990.

⁷ For nonprofit tax filers Total Expenses can be found on line 18 of the IRS Form 990.



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A. Cover Sheet (continued)

18. Were there any material weaknesses identified in your organization's prior year's audit report? ☐ Yes ☐ No ☐ Not applicable

* A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.)

19. If yes, please explain.

20. Number of full-time paid organization staff: _____ Number of part-time paid organization staff: _____

Number of full-time unpaid organization staff (including
volunteers): _____ Number of part-time unpaid organization staff (including
volunteers): _____

21. Total number of days the organization was open to the public for the past 12-month period prior to application: _____

22. Name of Nominating Individual: _____

Title: _____ Relationship to Organization: _____

E-mail: _____ Telephone Number: _____

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In addition to the Cover Sheet (Section A), your submission must include the following parts (Sections B-D below). Do not include additional cover letters, binders, folders, or attachments.

B. Executive Summary and Mission Statement (not to exceed one single-spaced page; no less than 12-point font)

- Summarize why you believe your organization deserves to win the National Medal for Museum and Library Service.
- Provide your organization's mission statement or statement of purpose as well as a brief institutional history.

C. Narrative⁸ (not to exceed four single-spaced pages; no less than 12-point font)

The National Medals are designed to recognize outstanding libraries and museums that have made significant contributions in service to their communities. Address questions 1-4 thoroughly and succinctly. The jurors considering the pool of potential medal recipients will focus carefully on your answers to these questions.

1. Describe the community⁹ and the particular community needs addressed.

- Quantify and describe the population groups/communities your organization is reaching through its programs, services, and/or partnerships.
- What particular community needs do you address? How did you identify these particular needs? How are these needs incorporated into your strategic plan?

2. Describe the programming your organization has developed for these particular community needs. (see section C.1.)

- Please include a brief description of your full portfolio of services, even if you focus on a particular area of service.
- How do you involve your community in the development of your programs?
- How have these partnerships increased your ability to reach out to the targeted population groups and communities you serve?
- Describe how you serve community members with special needs. Please address accessibility for people with disabilities.

3. Describe what impact your organization's programs and services have had on the identified community needs.

- Do you conduct a formal evaluation of your programs? If so, what have you learned about meeting the needs of your audiences?
- If you do not have a formal evaluation of programs, how do you measure success?
- How have you used this information to plan future programs and services?

4. Describe your organization's financial situation.

- List your organization's three primary sources of revenue. Do you have a sustainable funding model that will enable growth?
- Describe any private or non-profit groups that support your mission and activities and the extent of their support.

D. Letters of Support (required - three maximum, submitted with the Nomination Form)

- These letters should come from community members who have direct knowledge of your organization's community service. We recommend that the letters come from different segments of the broader community served by the institution and from individuals who have either witnessed or experienced first-hand a particular program or service.
- Nomination letters from members of Congress are welcome and will not count against the three-letter maximum.
- Address letters to the Director of the Institute of Museum and Library Services and include them with this Nomination Form.

⁸ For organizations applying in the Digital Library category, please address:

- services to your community including services to other organizations and services to end users;
- access to resources;
- sustainability and preservation plans for the digital library;
- accessibility for people with disabilities (e.g., compliance with the Americans with Disabilities Act).

⁹ Academic and research libraries may interpret "community" as your campus community and/or local community.