INSTITUTE of Museum and Library SERVICES

2015 Nomination Form—Page One

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

A. Cover Sheet

1. Legal Name of Your Institution:[1] _____

   Organizational Unit (if different from Legal Name): _____

2. Institution Address

   Street1: _____ Street2: _____

   City: _____ County: _____

   State: _____ Zip+4/Postal Code: _____

3. Telephone Number: _____ 4. Fax Number: _____

5. Web Address: http:// _____

6. Name of Institution'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
- ❑ General Museum[2]
- ❑ 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 Museum[3]
- ❑ Zoo
- ❑ Other, please specify: _____

[1] If your institution 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):

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

10. Nominated Institution's D-U-N-S® Number:[4] _____

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

12. Congressional District of Nominated Institution: _____

13. Institution's Annual Operating Budget: _____

14.

Fiscal Year	List Total Revenue[5]/ Support Income	List Total Expenses[6]/ Outlays	List Any Budget Deficit Amounts Greater than 10% of Total Revenue (if applicable)[7]	List Any Budget Surplus Amounts Greater than 10% of Total Revenue (if applicable)[7]
Most recently completed FY_____ (insert)				
Second most recently completed FY_____ (insert)				

15. Complete a. and/or b.:

a. Population served: _____

b. Attendance – onsite: _____

Attendance – offsite: _____

[4] Verify that your institution has a D-U-N-S® Number or take steps to obtain one. Your institution 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] For nonprofit tax filers Total expenses can found on line 18 of the IRS Form 990.
[6] For nonprofit tax filers Total expenses can found on line 12 of the IRS Form 990.
[7] If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please explain the circumstances of this deficit or surplus *as part of your response to Narrative Question 5 in this nomination form.*

2015 Nomination Form—Page Three

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A. Cover Sheet (continued)

16. Number of full-time paid institution staff: _____ Number of part-time paid institution staff: _____

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

17. Total number of days the institution was open to the public for the 12-month period prior to application: _____

18. Name of Nominating Individual: _____

    Title: _____ Relationship to Institution: _____

    E-mail: _____ Telephone Number: _____

2015 Nomination Form—Page Four

National Medal for Museum and Library Service

(To be filled out by the nominated institution.)

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

B. Statement of Purpose/Mission Statement & Brief Institutional History

Provide your institution's mission statement or statement of purpose as well as a brief institutional history (not to exceed one single-spaced page; no less than 12-point type).

C. Narrative

Address questions 1–5 thoroughly and succinctly, using no more than six single-spaced pages (no less than 12-point type) for the five questions combined. The jurors considering the pool of potential medal recipients will focus carefully on your answers to these questions.

1. Executive Summary: In no more than one single-spaced page, describe why you believe your library or museum deserves to win the National Medal for Museum and Library Service.
2. Community*: Quantify and describe the population groups/communities your institution is reaching through its community services. How did you identify these particular needs? What particular community needs do you address through your programs, services, and partnerships? Describe how your library or museum serves community members with special needs.
3. Programming: Provide examples of the programs and services you have developed for these population groups/communities. How does your institution 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? How do your programs reflect your institution's mission and strategic plan?
4. Impact and Evaluation: Describe what impact your institution'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 have learned about meeting the needs of your audiences? How have you used this information to plan future programs and services?
5. Financial Sustainability: List the three primary sources of revenue that will sustain your institution in the future. Please describe any private or non-profit groups that support the mission and activities of your institution. If a budget surplus or deficit for one or both of the two previous fiscal years is shown on the Cover Sheet, provide an explanation as part of this section of the narrative.

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

D. Institutional Financial Statements

Include a copy of your institution's financial statements for the past two complete fiscal years. If your fiscal year is complete but not yet audited, please submit these unaudited figures and label them as such. If your institution is part of a larger organization (municipal government, university, etc.) do not include financial statements for the parent organization, only for your institution.

E. Letters of Support

Your institution must submit no more than three letters of support with the Nomination Form. These letters should come from community members who have direct knowledge of the institution'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.