



# 2009 Nomination—Page One

## National Medal for Museum and Library Service

### A. Nomination Cover Sheet

1. Legal Name of Nominated Institution:<sup>1</sup> \_\_\_\_\_

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. Type of Institution (check one):

- Academic Library
- Aquarium
- Arboretum/Botanical garden
- Art Museum
- Children's/Youth Museum
- General Museum<sup>2</sup>
- 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<sup>3</sup>
- Zoo
- Other, please specify:  
\_\_\_\_\_

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

<sup>2</sup> A museum with collections representing two or more disciplines equally (e.g., art and history)

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



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## National Medal for Museum and Library Service

### A. Nomination Cover Sheet (continued)

8. 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"/> Indian/Native American Tribally Designated Organization                    | <input type="checkbox"/> Nondomestic (non-U.S.) Entity   |
| <input type="checkbox"/> Public/Indian Housing Authority  | <input type="checkbox"/> Other (specify) _____   |

9. Nominated Institution's DUNS Number:<sup>4</sup> \_\_\_\_\_

10. Nominated Institution's Employer/Taxpayer Number (EIN/TIN): \_\_\_\_\_

11. Congressional District of Nominated Institution: \_\_\_\_\_

12. Institution's Annual Budget: \_\_\_\_\_

13. Number of full-time paid institution staff: \_\_\_\_\_ Number of part-time paid institution staff: \_\_\_\_\_

Number of full-time unpaid institution staff: \_\_\_\_\_ Number of part-time unpaid institution staff: \_\_\_\_\_

14. Total number of days the institution was open to the public for the 12-month period prior to application: \_\_\_\_\_

15. Name of Nominating Individual: \_\_\_\_\_

Title: \_\_\_\_\_ Relationship to Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

<sup>4</sup> Institutions should verify that they have a DUNS number or take steps to obtain one. Institutions can receive a DUNS number at no cost by calling the dedicated toll-free DUNS number request line at 1-866-705-5711 or by visiting [www.dnb.com/us](http://www.dnb.com/us).

**In addition to the Cover Sheet (Section A), the nomination 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 the 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**

The nomination should address the following questions thoroughly and succinctly (not to exceed five single-space pages; no less than 12-point type). The jurors determining the pool of potential award winners will focus closely on your answers to these questions.

1. What are the institution's goals for community service? How do these goals reflect the institution's mission and strategic plan? How do they reflect an assessment of the broader community's learning or informational needs?
2. Quantify and describe the population groups/communities the institution is reaching through its community services and provide examples of the programs and services that have been developed for these communities. How are the programs and services evaluated to determine whether they are successfully meeting the needs of the audiences?
3. How does the institution work with other organizations within the broader community to provide programs and services and to play a leadership role?
4. How does the institution demonstrate sustained commitment to the community?

### **D. Institutional Financial Statements**

Include a copy of your institution's financial statements for the past two complete fiscal years. If at time of nomination your fiscal year is complete but not yet audited, please submit these unaudited figures and label 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 the nominee.

### **E. Letters of Support**

An institution may submit up to three letters of support with the nomination. These letters should come from community members who have direct knowledge of the institution's community service. It is recommended that the letters come from different segments of the broader community served by the institution. These letters should be addressed to the Director of the Institute of Museum and Library Services and included with the nomination mailing.

Nominations must be postmarked by **February 17, 2009** to this address (no faxes or emails will be accepted):

The National Medal for Museum and Library Service  
Office of the Director  
Institute of Museum and Library Services  
1800 M St. NW 9th Floor  
Washington, DC 20036-5802