



## APPLICATION FOR TIER 2 CERTIFICATION

Date \_\_\_\_\_

Please refer to Guidelines for details of requirements and benefits of each.

### SECTION I: ABOUT YOUR ORGANIZATION

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION II: QUALIFYING QUESTIONS:

#### AHS SUPPORT

Does your museum/historical organization hold an active Arizona Historical Society (AHS) membership at the Institutional or higher level? (Required for certification.)  YES  NO

#### PUBLIC TRUST AND ACCOUNTABILITY

Does your organization comply with local, state and federal laws, codes and regulations applicable to its facilities, operations and administration?  YES  NO

Is your organization committed to public accountability and is it transparent in its mission and operations?  YES  NO

#### MISSION AND PLANNING

Does your organization have a clear understanding of its mission and communicates why it exists and who benefits as a result of its efforts?  YES  NO

Is your organization guided by a mission statement that clearly describes the purpose of the organization, and a vision statement that clearly describes the organization's future direction?  YES  NO

**LEADERSHIP AND ORGANIZATIONAL STRUCTURE**

Is your organization a Non-Profit 501c3?  YES  NO

Is your organization a Sovereign Nation?  YES  NO

Does your organization have a governing structure, including by-laws, articles of incorporation, and a board of directors/trustees?  YES  NO

Does your organization conduct business meetings and hold elections on a regularly scheduled basis?  YES  NO

How often are business meetings held? \_\_\_\_\_ How often are elections held? \_\_\_\_\_

Do the governance, staff and volunteer (as applicable) structures and processes effectively advance the organization's mission?  YES  NO

Does your organization have volunteers that support the organization?  YES  NO

**EDUCATION AND INTERPRETATION**

Does your organization offer educational and public programs, special events and other activities that are tied to your mission?  YES  NO

Please describe examples of programs/events. (You may also include fliers of past or upcoming programs.)

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Does your organization present accurate, appropriate, and unbiased content for each of its audiences?  YES  NO

A minimum of 108 hours per year serving the public through either museum hours open to the public or public programming (or a combination of both).

How many hours per year is your organization open to the public? \_\_\_\_\_

How many hours of programming does your organization provide to the public per year? \_\_\_\_\_

Does your organization provide regular audience engagement that promotes the value of history?  YES  NO

**FINANCIAL STABILITY**

Does your organization legally, ethically and responsibly acquire, manage and allocate its financial resources in a way that advances its mission?  YES  NO

**FACILITIES AND RISK MANAGEMENT**

Is your organization's facility clean, well-maintained and provides for the safety and needs of your visitors?  YES  NO

**ATTACHMENTS REQUIRED**

- Organization’s mission statement
- Organization’s vision statement
- 501c3 IRS letter, OR Sovereign Nation designation documentation
- Roster of current board of directors/trustees (Names only)
- Examples of mission-driven public education and/or special events
- 2–4 pictures of museum; one exterior; and 2–3 exhibit or program/event photos

I hereby affirm that the above information is true and correct.

Name \_\_\_\_\_

Title \_\_\_\_\_  
(President or Director required.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email completed form to: **certified@azhs.gov**

Or mail to: Arizona Historical Society | 1300 N. College Ave. | Tempe, AZ 85281