

DUE JANUARY 15, 2025

Date____

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

SECTION I: ABOUT YOUR ORGANIZATION

Name of Organization		
	Email	
	Contact Email	
Alternate Contact		
	Email:	

SECTION II: QUALIFYING QUESTIONS:

PUBLIC TRUST AND ACCOUNTABILITY

Does your organization comply with local, state and federal laws, codes and regulations applicable to its facilities, operations and administration?
Is your organization committed to public accountability and is it transparent in its mission and operations?
Does your organization identify the communities it serves, and does it make appropriate decisions on how it serves them? 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?
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?
Leadership and Organizational Structure
Is your organization a Non-Profit 501c3?
Is your organization part of a Sovereign Nation?

Does your organization have a governing structure, including by-laws, articles of incorporation, and a board of directors/trustees?
Does your organization conduct business meetings and hold elections on a regularly scheduled basis?
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?
Does your organization have volunteers that support the organization?
Does your organization have a membership program that supports the organization? \Box YES \Box NO
How many active members do you currently have?
COLLECTIONS STEWARDSHIP
Is your organization a collecting institution?
Are your collections appropriate to your mission?
How do you ensure the preservation of your collections? Describe
Describe
EDUCATION AND INTERPRETATION
Does your organization offer educational and public programs, special events and other activities that are tied to your mission?
Briefly describe examples of programs/events. (You may also include fliers of past or upcoming programs.)
Does your organization present accurate, appropriate, and unbiased content for each of its audiences?
How many hours per year is your organization open to the public or provide public programming, or a combination of both? (<i>A minimum of 416 hours per year are required for Tier 1 certification</i> .)
Does your organization meet the following requirements?
• The organization clearly states its overall educational goals, philosophy and messages, and demonstrates that its activities are in alignment with them.
• The organization provides regular audience engagement that promotes the value of history?
The organization facilitates scholarly research. YES NO
Organizations conducting primary research do so according to scholarly standards. YES

FINANCIAL STABILITY

Does your organization legally, ethical	ly and responsib	bly acquire, manage and allocate its financial resource	s
in a way that advances its mission?	YES		

FACILITIES AND RISK MANAGEMENT

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

Does your organization allocate its space and use its facilities to meet the needs of the collections, audience and staff? YES NO

For promotional and reference purposes, please share a few pictures of your facility. (No more than four pictures, please.)

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

Acceptable Signatures: Signed and mailed to 949 E 2nd, Tucson, AZ 85719 or a verified e-signature with timestamp.

I hereby affirm that the above information is true and correct. I affirm that my museum/historical organization has an active Arizona Historical Society (AHS) membership at the Institutional or higher level. (Required for certification.)

Name	
Title	
	(President or Director required.)
Signature	
Date	
	Forms completed digitally should be emailed to certified@azhs.gov

Questions? Contact Jaynie Adams at 520-617-1154 or jadams@azhs.gov