



APPLICATION FOR TIER 1 CERTIFICATION

**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 \_\_\_\_\_

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:**

**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

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?  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 part of 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

Does your organization have a membership program that supports the organization?  YES  NO

How many active members do you currently have? \_\_\_\_\_

### COLLECTIONS STEWARDSHIP

Is your organization a collecting institution?  YES  NO

Are your collections appropriate to your mission?  YES  NO

How do you ensure the preservation of your collections? Describe \_\_\_\_\_

How does your organization provide public access to your collections? (Exhibits, online access, etc. ) Describe \_\_\_\_\_

Are your exhibits used and displayed in ways that are appropriate to your mission?  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

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?  YES  NO

How many hours per year is your organization open to the public or provide public programming, or a combination of both? \_\_\_\_\_ (A minimum of 416 hours per year are required for Tier 1 certification.)

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.  YES  NO
- The organization provides regular audience engagement that promotes the value of history?  YES  NO
- The organization facilitates scholarly research.  YES  NO
- Organizations conducting primary research do so according to scholarly standards.  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

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](mailto:certified@azhs.gov)**  
**Questions?** Contact Jaynie Adams at 520-617-1154 or [jadams@azhs.gov](mailto:jadams@azhs.gov)