



APPLICATION FOR TIER 2 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

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

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 108 hours per year are required.*)

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
- 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