

**TENNESSEE ASSOCIATION OF MUSEUMS
AWARD OF EXCELLENCE NOMINATION FORM
Submission Deadline: January 25, 2019**

Please refer to nomination guidelines before completing and submitting your information.
Please print or type legibly. Incomplete nominations and modified forms will not be considered.

Title of Nomination _____

Name of Institution _____

Award Category (Please circle/mark one category per nomination form)

Exhibition Permanent Temporary Blockbuster Traveling	Publication Book/Catalog Gallery Guides Flat Paper Newsletter Annual Report PR Kits Special/Novelty	Audio-Visual Audio Tours Films Exhibit Component Web Page	Educational Programming Special Event Special Recognition Volunteerism
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Institutional Size Category (Please circle/mark one) 1 2 3 4 5

Fee for EACH nomination is \$15.00. Total amount due (by March 1): _____

Institution or Individual Nominee Name(s) (as it will appear on the certificate):

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Contact person (all official correspondence will be sent to this person):

Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

INSTITUTIONAL INFORMATION

Museum's focus (select ONE of the following):

- | | |
|---|---|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Historic House/Site | <input type="checkbox"/> General |
| <input type="checkbox"/> Science/Technology | <input type="checkbox"/> Nature Center |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> Children's/Youth |
| <input type="checkbox"/> History | <input type="checkbox"/> Natural History/Anthropology |
| <input type="checkbox"/> Zoo | <input type="checkbox"/> Art |
| <input type="checkbox"/> Other (specify) _____ | |

Year the museum was first opened to the public _____

Museum's operating budget for the last fiscal year _____ (including salaries)

Number of full-time paid museum staff _____

Number of part-time paid museum staff _____

Number of unpaid museum staff (volunteers) _____

Museum's attendance for the most recently completed calendar year _____

NOMINATION INFORMATION

(More paper can be used if necessary while keeping within the designated word limits)

Please state the organization's mission/vision:

How does this nomination demonstrate compliance with the organization's mission/vision? (100 word limit – 10%)

Briefly describe the project nominated. If a volunteer, briefly describe the volunteer's contribution to the organization. (250 word limit – 10%)

Give examples of why this nomination is an outstanding accomplishment. (Tell us what you did and what happened. Explain motivation for the project, research & development, interpretive methods, etc. What were your goals and did you meet them?) (500 word limit – 40%)

Additional Questions For Publications, Audio/Visual, and Websites:

What portion of the project work was done in-house (*layout, design, content, proofing, etc*)?

What portion of the project work was done by an outside contractor (*layout, design, printing, etc. Provide name(s) of who contributed*)?

Describe the impact this project / volunteer had on the community served and audiences reached. (*Provide visitor data, user statistics, or other evaluation details. Include any press coverage.*) (250 word limit – 30%) Was the exhibit, program, event, etc., free to the public or was there an admission? What was the admission price if applicable?

Date(s) of Exhibit / Program / Event _____

Attendance _____

Number of paid staff utilized on this project	_____	Number of hours	_____
Number of volunteers utilized on this project	_____	Number of hours	_____

Was this a joint project? If so, who originated the project? List the names of the other participant(s), and give a name, email, address, and telephone number of a contact person. (*10% for all of the above plus budget*)

Summary: Why should this nomination receive an Award of Excellence? (*100 word limit – no percentage*)

PROJECT BUDGET

Please categorize and list funding sources for the nominated project below, noting the type of funding with each amount. The information in italics provides examples.

Organization Expenditures (*ex: Operating budget, staff time, staff supplies - \$3,000*)

External Sources (*ex: Private donation, loaned goods - \$2,500*)

In-Kind Services (*ex: Volunteered time, donated goods or services - \$500*)

Other (*ex: grants [include the name(s) of granting organization(s)], other funding sources - \$10,000*)

Total project budget: _____

REMINDER: Entry fees will be invoiced via email. Payment is due by March 1.

Payment not received may disqualify the nomination.

Supporting materials can be digitally attached to the form or submitted via CD or flash drive (non-returnable.) Please limit supporting digital attachments to no more than 15. Also include digital images of your institution logo, building, and other identifying factors for the ceremony (not part of the 15 image limit.)

If you are mailing in your nomination form and supporting materials, or physical copies of any publications nominated, your Awards Committee area representative should receive the materials no later than January 25, 2019.