

**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 (as it will appear on the certificate)** \_\_\_\_\_

**Name of Institution (as it will appear on the certificate)** \_\_\_\_\_

**Institution Address, City, Zip** \_\_\_\_\_

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

<b>Exhibition</b> Permanent Temporary Blockbuster Traveling	<b>Publication</b> Book/Catalog/Annual Report Gallery Guide Flat Paper Newsletter PR Kits  <b>Special/Novelty Item</b>	<b>Audio-Visual</b> Audio Tours Film / Documentary Exhibit Component Video Blog / YouTube  <b>Digital Media</b> Website Social Media Page Podcast Digital Collections	<b>Educational Programming</b>  <b>Special Event</b>  <b>Special Recognition</b>
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**Institutional Size Category** (Please circle/mark one)    1        2        3        4        5        6

**Fee Enclosed** \_\_\_\_\_    **Invoice me** \_\_\_\_\_

**Fee for EACH nomination is \$15. Total amount due by March 1**

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

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone _____	Ext _____
Email _____	

**INSTITUTIONAL INFORMATION**

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

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

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. (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 Digital Media:**

**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 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 price? What was the admission price if applicable?**

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**Date(s) of Exhibit / Program / Event** \_\_\_\_\_

**Attendance** \_\_\_\_\_

<b>Number of paid staff utilized on this project</b>	_____	<b>Number of hours</b>	_____
<b>Number of volunteers utilized on this project</b>	_____	<b>Number of hours</b>	_____

**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 if not received with nomination 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** images (25 for Blockbuster Exhibits.) 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**. **\*\*THERE WILL BE NO DEADLINE EXTENSION\*\***