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.

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<th>Title of Nomination</th>
<th>Name of Institution</th>
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**Award Category** (Please circle/mark one category per nomination form)

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<th>Exhibition</th>
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<td>Special/Novelty</td>
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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):

☐ Aquarium  ☐ Planetarium
☐ Historic House/Site  ☐ General
☐ Science/Technology  ☐ Nature Center
☐ Arboretum/Botanical Garden  ☐ Children's/Youth
☐ History  ☐ Natural History/Anthropology
☐ Zoo  ☐ Art
☐ 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.