

# Illinois Association of Museums Anniversary Awards 2021

## MUSEUM INFORMATION

### **Museum Name**

Address  
Street Address  
City  
State  
Zip Code  
Website  
Phone Number

### **Museum Contact Name (Person applying for award)**

Email  
Phone Number

### **Museum Operating Information**

#### **Annual Operating Budget**

- Under 10,000 Specify \_\_\_\_\_
- 10,000-25,000
- 25,000-50,000
- \$50,000 - \$100,000
- \$100,001- \$250,000
- Over 250,000 Specify \_\_\_\_\_

Year founded:

Number of paid staff (Count full time and part time):

Are you volunteer-run? Yes/no

Annual visitor count:

How many hours per year are you open to the public (in a non-Covid year)?

- By appointment only
- Less than 100 hours
- 100-500
- 501-1000
- Over 1000

**Museum Mission Statement:**

## **AWARD INFORMATION**

### **Anniversary**

- 10 year
- 25 year
- 50 year
- 75 year
- 100 year

**Describe your museum. Let us know why you are special. (500 words):**

**Is there a special project/exhibit/event that you are especially proud of? (500 words):**

### **Additional Information:**

- Please include 3 – 5 pictures of the museum through time.
- You may include up to two letters of support from community members.