

HUDSON VALLEY REGION – DOCUMENTARY HERITAGE PROGRAM SURVEY

GENERAL INFORMATION *(Please answer all that apply)*

Name of
Organization: _____

Address: _____ County: _____

Contact
Person/title: _____

Name/title of person completing
survey: _____

Organization
phone: _____ Fax: _____

E-mail: _____ Web
address: _____

Type of Organization *(check all that apply)*:

{ College/University { Federal/State Agency { Genealogical Society { Historical Society {
Museum { Public Library { Religious Organization { Special Library State Historic Site {
Other (please specify) _____

FINANCIAL INFORMATION

Organization's annual operating budget:

{ Under \$25,000 { \$25-\$99,000 \$100-\$249,000 \$250-\$499,000 \$500,000+

PERSONNEL

paid _____ # volunteers _____ # board/trustees _____

Name/title of person(s) responsible for your HISTORICAL RECORDS
collection: _____

How many of your staff have training as:

#Archivists _____ #Librarians _____ #Museum professionals _____

#Other (please specify) _____

HISTORICAL RECORDS COLLECTION INFORMATION

Do you have HISTORICAL RECORDS collections? yes{ { no

(example: paper documents, manuscripts, maps, newsletters, indexes, finding aids, photographs)

What HISTORICAL RECORDS collection(s) do you have? *(check all that apply and circle 2 largest collections)*

Archival collection Architectural drawings/blueprints Film/video tapes Local history collection { Maps { Microfilm/microfiche { Newspapers { Oral histories { Organizational archives { Paper records { Photographs { Photograph albums { Reference books { Scrapbooks/diaries/journals { Sound recordings { Vertical/clipping file { Other HISTORICAL RECORDS (please specify) _____

Where is your collection of HISTORICAL RECORDS physically located? *(check all that apply)*

{ Archive room { Closet/attic/basement/garage { Collections/storage room { Library { On exhibit { On loan to another organization { Off site storage { Other (please specify) _____

Does your HISTORICAL RECORDS collection storage area have *(check all that apply)*:

Temperature control yes { no { Humidity control yes no

Light control (U-V filters) yes { no { Access restrictions yes { no {

Do you monitor storage climate? yes{ no {

How is your HISTORICAL RECORDS collection(s) organized? *(check all that apply)*

{ Accession files { Catalogs: { card { online { Container/folder list { Database { Finding aids { Inventory list

{ Awaiting organization

What major subject areas are covered by your HISTORICAL RECORDS collection(s)? *(check all that apply, feel free to add notes to narrow down or add categories)*

{ African-American { Agriculture Arts & Architecture { Business/Industry/Manufacturing { Civil War { Education

{ Eighteenth century { Environmental affairs { Genealogy

Ethnic groups (please specify) Labor Local history (specify locality)
 Medicine/health care Military Native Americans Nineteenth century
 Politics/government Religion

Revolutionary War Science & technology Seventeenth century Social
service/charitable organization Transportation/communication Twentieth century

Women World War I & II

Other major subject area (please specify)_____

PHOTOGRAPH COLLECTIONS

Do you have a photograph collection? yes{ no{

What formats do your photograph collection(s) contain? (*check all that apply*)

cased images cartes de visite cabinet cards

tintypes snapshots (b/w and color) stereographs

glass negatives film negatives postcards

Where is your photograph collection(s) stored? (*check all that apply*)

boxes (*circle*: wood, acid-free, plastic, metal, cardboard)

cabinets drawers open shelves off site other (specify)_____

Who has access to your photograph collection(s)? (*check all that apply*)

Drop-ins Genealogists/family historians Media/government

Off-site researchers On-site researchers Students

Teachers Tourists Writers

On-line public Other (please specify)_____

USE OF HISTORICAL RECORDS

How does your organization use its HISTORICAL RECORDS? (*check all that apply*)

Exhibits Public programs Publications Research School programs

Website Do not use Other (please specify)_____

Do you develop, mount or borrow exhibits? yes{ no{

Do you have an exhibition area? yes no

If yes, is your exhibition area house gallery room case other_____ {

PUBLIC ACCESS AND USER INFORMATION

When is y our organization open to the public? days___ hours___ by appointment

Who are your HISTORICAL RECORDS users? (*check all that apply, circle largest group*)

Drop-ins Genealogists/family historians Media/government

Off-site researchers On-site researchers Students

Teachers Tourists Writers

Other (please specify)_____

What access does the public have to your HISTORICAL RECORDS collection(s)? (*check all that apply*)

By appointment E-mail Fax Telephone Walk-in Website Written Not available to the public

Approximately how many research requests does your organization receive annually?

(*include mail, phone, email, in-person inquiries*) Total_____

Do you have a research/reproduction policy? yes{ no{

Do you require on-site supervision of researchers? yes{ no{

What research facilities/services do you provide for your HISTORICAL RECORDS collection(s)? (*check all that apply*)

Card catalog Computerized catalog E-mail/write-in research

Finding aids Library Microfilm reader/printer

Photocopier Photo duplication Research room
 Scanning Website

Do you charge fees for: *(check all that apply)*

Entrance Reproduction services Research assistance Other assistance

Which HISTORICAL RECORDS collections do researchers use? *(check all that apply)*

Genealogical materials Paper documents Photographs

Newspapers/books Other(please specify)_____

DIGITIZATION INFORMATION

Do you own any HISTORICAL RECORDS *(documents, maps, manuscripts, newsletters, photographs, etc.)* which you would like to see scanned and saved in a digitized format? yes no

Have you microfilmed or scanned any part of your collection(s)? yes no

Does your organization have any experience with indexing or archiving its materials?

In computer formats? yes no In a database? yes no

What software program do you use?_____

Does your organization

have plans or would you welcome plans to collaborate on collections digitization? yes no

ORGANIZATIONAL SUPPORT AND AFFILIATION

Do you or your organization belong to *(check all that apply)*:

AAM AASLH ALA SAA MANY LHC METRO SENYLRC

In the last 3 years, has your organization applied for/received grants to support your HISTORICAL RECORDS program? *(check all that apply)* yes { no {

IMLS applied { received { LSTA applied { received {

NYSCA applied { received { DHP(NYS Archives) applied { received {

NYState Library applied { received { Other (please specify)_____

TRAINING OPPORTUNITIES

Which of the following topics for workshops/seminars would you consider attending? *(check all that apply)*

{ Attracting & training volunteers { Basic archival methods

{ Collection management { Copyright/privacy/access laws

{ Creating finding aids { Digital imaging/scanning

{ Disaster preparedness { Evaluating historical records {

Exhibits development { Fund raising

{ Grant writing { Microfilming

{ Organizing historical records { Preservation/conservation

{ Public relations/outreach { Public use & access policy

{ Security/theft protection { Storage/conditions/environmental standards

{ Uses of technology in archives { Other (please specify)_____

What are the main reasons that keep you from trying to acquire additional training? *(check all that apply)*

{ Too far to travel { Organization won't pay expenses

{ Insufficient staff to take time off { Not aware of opportunities that meet my needs

{ Additional training not needed { Organization doesn't think training important

{ Other (please specify)_____

What are the most pressing needs in terms of your HISTORICAL RECORDS collection(s)? *(check all that apply)*

{ Equipment (computer, fax, photocopier, scanner, etc.) { Communication (e-mail, website, etc.)

{ Expertise { Planning { Physical space

{ Preservation/conservation { Staffing { Storage {

Workshop training Funding { Other (please specify)_____

I would like to have a regional archivist:

{ Call me { Set up a site visit { Discuss Documentary Heritage Program

Please have the DHP regional archivist contact: _____ tel:
(____)_____

Please use the space below to give us any further comments about needs relating to your HISTORICAL RECORDS collections.

Thank you for your help.

Please return this survey by Sept. 15, 2001 to: Lower Hudson Conference, 2199 Saw Mill River Road, Elmsford, NY 10523

