

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 your 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 GHHN 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 to:

Greater Hudson Heritage Network • 2199 Saw Mill River Road • Elmsford, NY 10523
Phone: (914) 592-6726 Fax: (914) 592-6946 E-mail: info@greaterhudson.org