



**MUSEUMS  
ALASKA**

Museums Alaska - Collections Management Fund 2024

Dixie Clough

Application #

Name: Dixie Clough

Phone:

Email:

## Applicant Profile

**Applicant Type** Individual

**Name** Dixie Clough

**Legal Name** Dixie Clough

**Email**

**Primary Phone**

**Alternate Phone**

**Address**

**Website**



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## Organization Information

**Organization President / Executive Director Name**

**Organization President / Executive Director Phone Number**

**Organization President / Executive Director Email Address**

**Organization Type**

*(Nonprofit, Government, Tribal Entity, Other)*

**Exemption Status**

*(501(c)(3), 509(a), Other)*

**If other status, please specify**

## Fiscal Sponsor Information (if applicable)

**Fiscal Sponsor Name**

**Fiscal Sponsor Address**

**Fiscal Sponsor EIN**

## Organization Size

**Total Organization Budget**

**Total Number of Board Members**

**Total Number of Staff**

**Total Number of Volunteers**

**You must click "Save Work" at the bottom of each page.**



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## Upload Organizational Documents

No Work Samples are assigned to this application.



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Funding Request

**Project Name**

**Total Project Budget**

**Requested Amount**

**Project Category**

*(Check all that apply)*

**Estimated Grant Completion Date**

*(Must be within 2 years of award. Please attach a timeline on the next page.)*

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## Timeline

Please attach a timeline to support your project description narrative. You may create your own or use our basic template.

### **Timeline Attachment**

*No File Uploaded*

**You must click "Save Work" at the bottom of each page.**



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## Narrative

**PROJECT DESCRIPTION:** Describe your project, the need, and benefit to your institution and community. Answers should be concise, and include detailed numbers where appropriate (for example, number of collections to be cataloged, or estimated length of time to catalog an item).

Please carefully review the current guidelines.

TIP: Click on the question mark next to each question to see guiding questions.

**Please provide a short summary of your project.**

*(250 character limit)*

**What is the problem you are solving?**

*(1000 character limit)*

**Describe the steps of your project and who will be involved.**

*(5000 character limit)*

**What are the goals and benefits of the project?**

*(2000 character limit)*

**How will you evaluate the project?**

*(1500 character limit)*

**If this is an emergency situation, please explain why.**

*(1500 character limit)*

**Is there anything else the review committee needs to know about your application?**

*(1500 character limit)*

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## Project Budget

Project Budget & Narrative: Please attach a balanced budget for the project, including amount requested in this application. Please use our budget template.

### Project Budget

*No File Uploaded*

**Please attach any documents you wish to share related to your budget: quotes from consultants, shipping quotes, cart/checkout screenshots, etc.**

*No File Uploaded*

*No File Uploaded*

*No File Uploaded*

*No File Uploaded*

*No File Uploaded*

*No File Uploaded*

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## Optional Attachments

Please attach supporting materials for this application directly from your computer. (No need to upload these files to the Media Library. The "upload" links below allow you to browse your computer files and upload them directly.)

You are strongly encouraged to submit staff descriptions or resumes of all staff members/contractors involved in the project.

Other optional attachments may be recruitment announcements for short-term hires, or letters of commitment. If you are submitting an image, you must convert it to a PDF or paste it into a document (uploader only accepts.txt .pdf .doc and .xls file types). If you need to submit more than 6 attachments, please notify the program administrator.

**Optional Attachment**

*No File Uploaded*

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**Optional Attachment**

*No File Uploaded*





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## Certificate and Signature

In order for your application to be considered, you must certify the following and provide your digital signature below.

**An institution that has not completed the requirements for an outstanding grant from Rasmuson Foundation or Museums Alaska will not be eligible for the Collections Management Fund Program until all outstanding obligations have been satisfied.**

**Have you completed your final reporting for all previous Collections Management Fund grants?**

**Have you completed the requirements for any outstanding grants from Rasmuson Foundation?**

**I agree to Museums Alaska's Code of Conduct.**

**Signature of Authorized Representative**

*(Typed name signifies authorization)*

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