



Museums Alaska - Collections Management Fund 2025

Museums Alaska

Application #CMF20250001

Name: Dixie Clough

Phone: (907) 371-4348

Email: director@museumsalaska.org

Applicant Profile

Applicant Type	Organization
Name	Dixie Clough
Legal Name	Museums Alaska
Email	director@museumsalaska.org
Primary Phone	(907) 371-4348
Alternate Phone	(907) 371-4348
Address	625 C St Anchorage, Alaska 99501 UNITED STATES
Website	https://museumsalaska.org
FEIN / Tax ID	92-0097153
Date Organization Formed	10/08/1983

Mission Statement

Our mission is to strengthen museums and cultural centers across Alaska while enhancing public understanding of their value.

Organization History

Museums Alaska's journey began in the late 1970s as a committee of the Alaska Historical Society. We officially became a non-profit organization in 1983. For over four decades, our commitment to strengthening museums and cultural centers in Alaska has grown, propelling us into a new era of growth and impact.



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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

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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.

(500 character limit)

What is the problem you are solving?

(2000 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 to show success and/or potential room for improvement? Think about quantitative and qualitative data — whichever best suits your 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

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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

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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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