

ARIZONA MEMORY PROJECT

COLLECTION INTENT APPLICATION FOR THE ARIZONA MEMORY PROJECT

Thank you for your interest in joining the Arizona Memory Project. Please be as thorough as possible.

Section One: About the Organization

Date: _____

1) Organization: _____

2) Primary Contact Name: _____

3) Email: _____ Phone Number: _____

4) Mailing Address: _____

5) Institution Type (select all that apply):

Library

State Government/Local Agency

Archives

Business/Corporation

Museum

Charity

Historical Society

Private Individual

Nonprofit

Other: _____

6) How many staff will need training to upload your collection into the Arizona Memory Project?

7) Please explain your digitization process. Do you, or will you, use scanners, digital cameras, other devices?

8) What computer operating system do you use?

Windows

Version: _____

Mac

Version: _____

Other: _____

9) Have you received, or will you receive, Library Service Technology Act (LSTA) funds to support moving your digital material to the Arizona Memory Project?

Yes

No

Section Two: About the Collection

1) What is the name of the collection you wish to submit to the Arizona Memory Project?

2) Please identify the main theme/subject areas of the collection (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government and politics | <input type="checkbox"/> Race and ethnicity |
| <input type="checkbox"/> Arts and architecture | <input type="checkbox"/> Health and well-being | <input type="checkbox"/> Religion and philosophy |
| <input type="checkbox"/> Business and industry | <input type="checkbox"/> Land and resources | <input type="checkbox"/> Science and technology |
| <input type="checkbox"/> Crime and violence | <input type="checkbox"/> Leisure and travel | <input type="checkbox"/> Society and culture |
| <input type="checkbox"/> Education | <input type="checkbox"/> Military and war | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family and community | <input type="checkbox"/> Native Americans | <input type="checkbox"/> Work and labor |

3) How will this collection be a unique and historically meaningful contribution to the Arizona Memory Project?

4) Please share any other comments you have about the collection.

5) How many items will your Arizona Memory Project collection contain? _____

6) Approximately how many items of the above collection have been digitized? _____

7) What types of material in this collection have you, or will you, digitize? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Text documents | <input type="checkbox"/> Video Recordings |
| <input type="checkbox"/> Photographs/images | <input type="checkbox"/> Ephemera (e.g. diaries, letters, pamphlets) |
| <input type="checkbox"/> Maps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Audio Recordings | |

8) Do you hold copyright or have unrestricted ownership for the material you plan to contribute?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Material in the Public Domain (<i>most pre-1923 items</i>) |
| <input type="checkbox"/> No. Has the copyright holder granted permission to publish this material on AMP? | <input type="checkbox"/> Not Sure (explain): |

9) Please select all file formats that apply to your digital collection.

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> JPEG | <input type="checkbox"/> MP3 |
| <input type="checkbox"/> TIFF | <input type="checkbox"/> AVI |
| <input type="checkbox"/> PDF | <input type="checkbox"/> HTML |
| <input type="checkbox"/> TXT | <input type="checkbox"/> Other: _____ |

10) How much of the digitized collection contains metadata? (if none, skip to Question 13)

11) Do you have metadata for individual items, or for the collection as a whole?

- Individual Items
- Collection as a Whole

12) Is the metadata embedded in the digital resources or stored separately?

- Embedded
- Separate

13) How do/will you store the metadata?

- | | |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Access | <input type="checkbox"/> PastPerfect |
| <input type="checkbox"/> Excel | <input type="checkbox"/> FileMaker |
| <input type="checkbox"/> Word | <input type="checkbox"/> Other: _____ |

14) What is your anticipated timeframe (start to finish) for digitizing and submitting your collections to AMP?

Example

Collection Title:	<i>Archives Photos</i>	
Date	Task Description	
<i>January – February 2015</i>	<i>Review and Selection material</i>	
<i>March – May 2015</i>	<i>Digitize images</i>	
<i>June 2015</i>	<i>Software training</i>	
<i>June – August 2015</i>	<i>Upload images and metadata to AMP</i>	
<i>September 29, 2015</i>	<i>Projected completion date</i>	

Collection Title:	
Date	Task Description
Final Upload Date	

15) Do you plan to use a watermark? If yes, please insert a sample watermarked image.

Yes

No

Thank you for applying. You will receive an email confirmation from the AMP Coordinator, who will review your application and follow up if additional information is needed. You will receive a decision on whether your application has been approved within 30 calendar days.

Send Your Completed Form To:

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