

ACM Membership Survey of Open Museums

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Review Demographics

Section 1: Museum Information

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Please provide general information about your museum below.
-

1.

Please select the category that best describes your museum. (Categories correspond to IMLS categories for U.S. museums.)

(Select from options below)

- Art
- Aquarium
- Arboretum/Botanical Garden
- Children's/Youth
- General
- History
- Historic House/Site
- Nature Center
- Natural History/Anthropology
- Other
- Planetarium
- Science/Technology
- Specialized
- Zoo

2.

If museum's classification is other, please specify.

(Question Format: Text, Max Characters allowed, 50)

Character Count:

0

3.

Please select the category that best describes your museum's governing authority:

(Select from options below)

- County/Regional
- College/University
- Federal/National
- Municipal

- Private Non-Profit
- Other
- For-Profit
- State/Provincial
- Tribal

4.

If the museum's governing authority is other, please specify.

(Question Format: Text, Max Characters allowed, 50)

Character Count:

0

5.

Name of sponsoring institution/parent organization, if applicable:

(Question Format: Text, Max Characters allowed, 65)

Character Count:

0

6.

Select the category that best describes your museum's location:

(Select from options below)

- Rural
- Suburban
- Urban

7.

Is/Was your museum part of a downtown revitalization project?

(Check for yes, leave unchecked for no)

8.

Year museum incorporated:

(Question Format: Text, Max Characters allowed, 4)

Character Count:

0

9.

Year museum first opened to the public:

(Question Format: Text, Max Characters allowed, 4)

Character Count:

0

10.

How much time elapsed from the time of the museum's incorporation to opening to the public? (i.e., 1.25 years; 1.3 years; 3.5 years)

(Question Format: Text, Max Characters allowed, 8) 0

Character Count:

1

11.

Year museum most recently expanded or moved into a larger facility, if applicable:

(Question Format: Text, Max Characters allowed, 4)

Character Count:

0

12.

Select the core age range that your museum serves.

(Select from options below)

0-5

0-8

0-10

0-12

2-8

2-10

2-12

All Ages

Other

13.

If Other, please specify.

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

14.

How many hours is the museum typically open to the public each week (excluding special events)?

(Question Format: Numeric) 0

15.

If your museum charges admission, at what times (if any) is admission free?

(Question Format: Text, Max Characters allowed, 175)

Character Count:

0

16.

Admission price for adults (Non-U.S. members, please convert to U.S. dollars)

(Question Format: Currency, i.e 12.75)

17.

Admission price for children (Non-U.S. members, please convert to U.S. dollars)

(Question Format: Currency, i.e 12.75)

18.

Admission price for seniors (Non-U.S. members, please convert to U.S. dollars)

(Question Format: Currency, i.e 12.75)

19.

Admission Price - Other (Non-U.S. members, please convert to U.S. dollars)

(Question Format: Text, Max Characters allowed, 60)

Character Count:

0

ACM Membership Survey of Open MuseumsLast Completed Section: [Museum Information](#)[Exit Survey Without Saving](#)[Save Progress and Exit](#)[Save and Go To Next Section](#)[Previous Section](#)**Section 2: Building and Facilities**

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Non-U.S. museums: Please convert measurements to square feet for your responses. 1 meter = 3.281 square feet. For easy to use survey instructions and guidance documents, visit <http://www.childrensmuseums.org/datasurvey.htm>.
-

1.

Was your museum building and/or land donated to you?

 (Check for yes, leave unchecked for no)

2.

Does your museum have a free or nominal lease?

 (Check for yes, leave unchecked for no)

3.

Does your museum have a joint lease agreement?

 (Check for yes, leave unchecked for no)

4.

Is your museum located in a mall?

 (Check for yes, leave unchecked for no)

5.

Are you part of a museum complex?

 (Check for yes, leave unchecked for no)

6.

Is your museum accessible by public transportation?

 (Check for yes, leave unchecked for no)

7.

Does your museum have parking available for its visitors?

(Select from options below)

- Visitors have access to parking meters/commercial lots
- Museum provides free parking
- Museum provides parking for a fee

8.

Is your building LEED certified or undergoing LEED certification?

(Check for yes, leave unchecked for no)

9.

How many buildings does your museum own, lease or manage at your primary location? (If you are part of a museum complex, only describe your museum.)

(Question Format: Text, Max Characters allowed, 100)

Character Count:
0

10.

TOTAL museum building square footage at primary location. Exclude outdoor spaces.

(Question Format: Numeric)

11.

Total exhibit space square footage (INCLUDING Traveling Exhibit space)

(Question Format: Numeric)

12.

Of your total exhibit space square footage as described in 11, what is your traveling exhibit square footage?

(Question Format: Numeric)

13.

Total public space square footage (EXCLUDING exhibit space)

(Question Format: Numeric)

14.

Total administrative space square footage (INCLUDING offices and exhibit shop)

(Question Format: Numeric)

15.

Total storage space square footage

(Question Format: Numeric) _____

16.

How many satellite locations do you have?

(Question Format: Numeric)

17.

Does your museum have a CHILDCARE/ PRESCHOOL FACILITY?

(Check for yes, leave unchecked for no)

18.

If yes, what is the enrollment capacity of the CHILDCARE/PRESCHOOL FACILITY?

(Question Format: Numeric) _____

19.

Does your museum have an EATING FACILITY?

(Check for yes, leave unchecked for no)

20.

If yes, what is the size in square feet of the EATING FACILITY?

(Question Format: Numeric) _____

21.

If yes, is the EATING FACILITY limited to vending machines?

(Check for yes, leave unchecked for no)

22.

Does your museum have a PERFORMANCE THEATER?

(Check for yes, leave unchecked for no)

23.

If yes, how many seats does your PERFORMANCE THEATER have?

(Question Format: Numeric) _____

24.

Does your museum have a GIANT SCREEN THEATER/IMAX?

(Check for yes, leave unchecked for no)

25.

If yes, how many seats does your GIANT SCREEN THEATER/IMAX have?

(Question Format: Numeric) _____

26.

Does your museum have a PLANETARIUM/DIGITAL DOME?

(Check for yes, leave unchecked for no)

27.

Does your museum have a GIFT SHOP?

(Check for yes, leave unchecked for no)

28.

If yes, what is the size in square feet of the GIFT SHOP?

(Question Format: Numeric) _____

29.

If yes, is your museum's gift shop run by the museum?

(Select from options below)

No, contracted out to another entity

Yes

30.

If yes, does your museum's gift shop have an online store or online catalog?

(Check for yes, leave unchecked for no)

31.

Does your museum have an OUTDOOR EXHIBIT?

(Check for yes, leave unchecked for no)

32.

If yes, what is the size in square feet of the OUTDOOR EXHIBIT?

(Question Format: Numeric) _____

33.

Does your museum have an OUTDOOR GARDEN?

(Check for yes, leave unchecked for no)

34.

If yes, what is the size in square feet of the OUTDOOR GARDEN?

(Question Format: Numeric) _____

35.

Does your museum have a PUBLIC LIBRARY BRANCH?

(Check for yes, leave unchecked for no)

36.

Is your museum presently undergoing an expansion?

(Check for yes, leave unchecked for no)

37.

If yes, is the expansion an expansion of the current building or a new building?

(Select from options below)

Expansion of current building

New Building

38.

If yes, total building square footage after expansion.

(Question Format: Numeric)

39.

If yes, expected completion date of expansion.

(Question Format: Date, i.e MM/DD/YYYY) _____

40.

If yes, will expanded building incorporate LEED requirements?

(Check for yes, leave unchecked for no)

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ACM Membership Survey of Open MuseumsLast Completed Section: [Building and Facilities](#)[Exit Survey Without Saving](#)[Save Progress and Exit](#)[Save and Go To Next Section](#)[Previous Section](#)**Section 3: Attendance and Memberships**

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Please indicate your institution's actual attendance for the most recently completed fiscal year, WHICH MATCHES THE FISCAL YEAR IN THIS SURVEY FOR WHICH YOU ARE PROVIDING FINANCIAL DATA. Include paid visits, free visits, attendance at events, programs (on-site and off-site, if offered) and facility rentals. DO NOT include visits to your Web site or to exhibits that your institution rents to other institutions. In addition, indicate your museum's GATE ADMISSIONS ATTENDANCE on-site, which is a subset and part of total on-site attendance. GATE ADMISSIONS ATTENDANCE includes the general public, group admissions, members visiting for free using their membership and member paid admissions (such as theaters or up-charges for special exhibits). Do not double count a person buying a combination ticket to exhibits and theaters or a member visiting the exhibit galleries and purchasing a theater ticket as well; count them as one person. GATE ADMISSIONS ATTENDANCE does not include attendance to classes, programs, facility rentals, birthday parties, camp-ins and other non-general admission based attendance. For easy to read instructions and guidance documents to assist as you complete your responses, visit <http://www.childrensmuseums.org/datasurvey.htm>.
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1.

Total Attendance for on-site visits

(Question Format: Numeric) _____

2.

Total Attendance for off-site visits.

(Question Format: Numeric) _____

* 3.

Total Served (sum response to questions 1 and 2).

(Question Format: Numeric) _____

4.

What percentage of your TOTAL ON-SITE ATTENDANCE (question 1) were children ages 1-12?

(Question Format: Text, Max Characters allowed, 15)

Character Count:

0

* 5.

Total Gate Admissions Attendance for on-site visits. See definition of Gate Admissions Attendance at top of page. The answers to questions 6, 7, 8 and 9 should total the number entered here for total Gate Admissions Attendance.

(Question Format: Numeric) _____

6.

Total Gate Admissions Attendance for MEMBER on-site visits. See definition of Gate Admissions Attendance at top of page.

(Question Format: Numeric) _____

7.

Total Gate Admissions Attendance for FREE/SPONSORED (EXCLUDE MEMBERS) on-site visits. See definition of Gate Admissions Attendance at top of page.

(Question Format: Numeric) _____

8.

Total Gate Admissions Attendance for SCHOOL GROUP on-site visits. See definition of Gate Admissions Attendance at top of page.

(Question Format: Numeric) _____

9.

Total Gate Admissions Attendance for GENERAL PUBLIC on-site visits. See definition of Gate Admissions Attendance at top of page.

(Question Format: Numeric) _____

10.

Visitor racial/ethnic criteria are the diversity measurements most commonly tracked by either formal or informal methods. Does your museum track the diversity of your on-site attendance?

(Check for yes, leave unchecked for no)

11.

If yes, does your museum's audience accurately reflect the diversity of the local community you serve?

(Check for yes, leave unchecked for no)

12.

If yes, what percentage of your audience do you think is diverse?

(Question Format: Numeric) _____ |

13.

On average, how many unique visitors does your Web site have per month? (Unique Visitors represents the number of unduplicated (counted only once) visitors to your website over the course of a specified time period. A Unique Visitor is determined using

cookies.)

(Question Format: Text, Max Characters allowed, 20)

Character Count:

0

14.

Does your museum use social media (e.g., blogs, Facebook, Twitter, Flickr, Yelp, etc.)?

(Check for yes, leave unchecked for no)

15.

Total number of memberships (e.g., individual, family, senior), excluding corporate memberships.

(Question Format: Numeric)

16.

Total number of corporate memberships.

(Question Format: Numeric)

17.

Percentage of non-corporate members (e.g., individual, family, senior) that renewed from previous fiscal year.

(Question Format: Text, Max Characters allowed, 8)

Character Count:

0

18.

Is unlimited, free admission always a member benefit?

(Check for yes, leave unchecked for no)

19.

If your membership has limited admissions, how many times can members enter for free?

(Question Format: Text, Max Characters allowed, 50)

Character Count:

0

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Section 4: Staff and Board of Directors**Section Instructions:**

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
- Calculate full-time equivalents of part-time personnel as follows: 1) Add up all of the hours worked by all part-time employees. 2) Divide those total hours by the number of working hours in one year (usually 2000 for a museum open year-round). The resulting sum is the FTE number. For example: If the total hours worked by part-time staff in a year is 4000 hours, 4000 divided by 2000 equals 2. The number entered for FTEs of PT would be 2. If you do not track detailed hours of your part-time staff you can take an estimated average of the number of hours worked per year per part-time employee, multiply that by the number of PT staff and divide by the number of working hours in one year (usually 2000 for a museum open year round). The resulting number may be a fraction and should be expressed as a decimal (e.g., 1.75 or 4.5). For easy to read instructions and guidance documents to assist as you complete your responses, visit <http://www.childrensmuseums.org/datasurvey.htm>.

1.

How many full-time staff do you have?

(Question Format: Numeric) 0

2.

How many part-time staff do you have?

(Question Format: Numeric) 0

3.

How many full-time equivalent (FTE) staff do you have (FT+FTE of PT = Total FTEs)? See FTE calculation process at top of page. The resulting FTE number should be greater than your full-time staff number unless you have no part-time staff.

(Question Format: Numeric) 0

4.

How many volunteers do you have?

(Question Format: Numeric) 0

5.

How many board members do you have?

(Question Format: Text, Max Characters allowed, 50)

Character Count:

0

6.

Staff racial/ethnic criteria are the most commonly tracked diversity measurements. What percentage of your staff considers themselves

diverse?

(Question Format: Numeric)

7.

Would you say that your museum's staff accurately reflects or exceeds the diversity of the local community you serve?

(Check for yes, leave unchecked for no)

8.

Board racial/ethnic criteria are the most commonly tracked diversity measurements. What percentage of your board considers themselves diverse?

(Question Format: Numeric)

9.

Would you say that your museum's board accurately reflects or exceeds the diversity of the local community you serve?

(Check for yes, leave unchecked for no)

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Section 5: Exhibits, Programs and Publications

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
-

1.

Does your museum offer ADULT PROGRAMMING (e.g. parenting classes)?

 (Check for yes, leave unchecked for no)

2.

Does your museum offer AFTERSCHOOL PROGRAMS?

 (Check for yes, leave unchecked for no)

3.

Does your museum offer CAMP-IN PROGRAMS?

 (Check for yes, leave unchecked for no)

4.

Does your museum offer CLASSES AND DEMONSTRATIONS?

 (Check for yes, leave unchecked for no)

5.

Does your museum offer CURRICULUM MATERIALS/KITS?

 (Check for yes, leave unchecked for no)

6.

Does your museum offer EARLY CHILDHOOD programming?

 (Check for yes, leave unchecked for no)

7.

Does your museum offer FIELD TRIP programs?

 (Check for yes, leave unchecked for no)

8.

Does your museum participate in HEAD START collaborations?

 (Check for yes, leave unchecked for no)

9.

Does your museum participate in LIBRARY collaborations?

(Check for yes, leave unchecked for no)

10.

Does your museum have a MOBILE OUTREACH VEHICLE (e.g., a van or truck)?

(Check for yes, leave unchecked for no)

11.

Does your museum offer SCHOOL OUTREACH programs?

(Check for yes, leave unchecked for no)

12.

Does your museum offer SUMMER CAMPS?

(Check for yes, leave unchecked for no)

13.

Does your museum offer TEACHER WORKSHOPS AND INSTITUTES?

(Check for yes, leave unchecked for no)

14.

Does your museum offer YOUTH EMPLOYMENT programs?

(Check for yes, leave unchecked for no)

15.

Does your museum provide programs that specifically target an underserved audience?

(Check for yes, leave unchecked for no)

16.

Is your museum involved with a charter school?

(Select from options below)

- Not at present, but in the planning stages.
- No
- Yes, a school is run by the museum.
- Yes, the museum is part of a consortium administering a school.
- Yes, a charter school is located at the museum but not run by the museum.

17.

Does your museum have a permanent early childhood area?

(Check for yes, leave unchecked for no)

18.

If yes, what age group does it target?

(Question Format: Text, Max Characters allowed, 75)

Character Count:

0

19.

Does your museum have a formal research or evaluation initiative underway?

(Check for yes, leave unchecked for no)

20.

If your museum does have a formal research or evaluation initiative underway and is using a third-party evaluator, please provide the name of the evaluator/firm.

(Question Format: Text, Max Characters allowed, 250)

Character Count:

0

21.

Does your museum produce traveling exhibits for rent?

(Check for yes, leave unchecked for no)

22.

If your museum rents exhibits, list the exhibit name and producing institution for the most popular traveling exhibit at your museum in your most recent fiscal year.

(Question Format: Text, Max Characters allowed, 60)

Character Count:

0

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Section 6: Museum Finances

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
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1.

Museum's fiscal year

(Select from options below)

- January - December
- July - June
- November - October
- October - September
- Other

2.

If other, please specify.

(Question Format: Text, Max Characters allowed, 100)

Character Count:

0

3.

What was the end date of the most recently completed fiscal year for which you are providing attendance/financial data for this survey?

(Question Format: Date, i.e MM/DD/YYYY)

4.

Is your museum currently conducting a capital campaign?

 (Check for yes, leave unchecked for no)

5.

If yes, what is the purpose of the capital campaign?

(Select from options below)

- Multiple Purposes
- Other
- Endowment
- Building Expansion
- New Building
- Exhibit Renewal

Building Renovation

6.

If other or multiple purposes, please describe.

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

7.

If yes, please indicate the amount of the campaign goal (Non-U.S. members, please convert to U.S. dollars).

(Question Format: Currency, i.e 12.75)

8.

Has your museum been awarded a new grant award from the National Science Foundation in the last fiscal year?

(Check for yes, leave unchecked for no)

9.

Has your museum been awarded a new Institute of Museum and Library Services (IMLS) Museums for America grant in the last fiscal year?

(Check for yes, leave unchecked for no)

10.

Has your museum been awarded a new IMLS National Leadership Grant in the last fiscal year?

(Check for yes, leave unchecked for no)

11.

Has your museum been awarded a new IMLS Museum Assessment Program (MAP) grant in the last fiscal year?

(Check for yes, leave unchecked for no)

12.

If your museum has received other new grant support from IMLS in the last fiscal year, please specify the type of grant.

(Question Format: Text, Max Characters allowed, 70)

Character Count:

0

13.

If your museum has received other new grant support from a federal agency in the last fiscal year, please specify the agency and program.

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

14.

Does your museum collect any information about economic impact of your museum on the local economy?

(Check for yes, leave unchecked for no)

15.

Total number of private, general operating support (non-grant, non-sponsorship) donors in the last fiscal year. May include individual contributions, corporate members, etc.

(Question Format: Numeric)

16.

Percentage of your board of directors that made an annual contribution to the museum in the last fiscal year.

(Question Format: Numeric)

17.

If your museum has an endowment, list the value of the endowment at close of the last fiscal year (Non-U.S. members, please convert to U.S. dollars).

(Question Format: Currency, i.e 12.75)

18.

If your museum has a reserve fund(s) (e.g., operating, maintenance, etc.), list value of fund(s) at close of last fiscal year.

(Question Format: Currency, i.e 12.75)

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Section 7: Museum Finances (Operating Income)

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Operating Income Breakdown: Please provide a breakdown of your Operating Income from your most recently completed fiscal year for the following sources of income. Do not include in-kind income. If an income source does not apply to your museum, please leave it blank. Non-U.S. members, please convert all monies to U.S. dollars. NOTE: do not use commas when entering numbers within this section. For easy to use survey instructions and guidance documents, visit <http://www.childrensmuseums.org/datasurvey.htm>.
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1.

Gate Admissions. Gate admissions revenue includes individuals, families and school and other groups. EXCLUDE revenue from programs, classes, birthday parties, special events, etc.

(Question Format: Currency, i.e 12.75)

2.

Non-Corporate Memberships. Include all revenue from the sale of non-corporate memberships.

(Question Format: Currency, i.e 12.75)

3.

Corporate Memberships. Include all revenue from the sale of corporate memberships, if applicable.

(Question Format: Currency, i.e 12.75)

4.

Education Program Fees. Include fees from in-house and outreach programs, as well as camp-ins/overnights and any other educational programs for school and other groups and the general public.

(Question Format: Currency, i.e 12.75)

5.

Exhibit Rentals. Include any income from leasing exhibits to other organizations.

(Question Format: Currency, i.e 12.75)

6.

Facility Rentals. Include all fees from on-site facility rentals and birthday parties during closed or open hours. Do not include catering income.

(Question Format: Currency, i.e 12.75)

7.

Food Service and Catering GROSS Revenue. Include revenue from vending, cafe, catering and concessions. Only respond to this question

if the food service is run INTERNALLY. If food service is run through a subcontractual relationship, leave blank and respond to question 8.

(Question Format: Currency, i.e 12.75)

8.

Food Service and Catering NET Sales from Subcontracted Services. Include revenue from vending, cafe, catering and concessions. Only respond to this question if the food service is run through a SUBCONTRACTUAL RELATIONSHIP. If food service is run internally, leave blank and respond to question 7.

(Question Format: Currency, i.e 12.75)

9.

Gift Shop GROSS Revenue. Only respond to this question if the gift shop is run INTERNALLY. If store is run through a subcontractual relationship, leave blank and respond to question 10.

(Question Format: Currency, i.e 12.75)

10.

Gift Shop NET Sales from Subcontracted Services. Only respond to this question if the gift shop is run through a SUBCONTRACTUAL RELATIONSHIP. If store is run internally, leave blank and respond to question 9.

(Question Format: Currency, i.e 12.75)

11.

Preschool/Childcare Services GROSS Revenue. Only respond to this question if the preschool is run INTERNALLY. If the preschool is run through a subcontractual relationship, leave blank and respond to question 12.

(Question Format: Currency, i.e 12.75)

12.

Preschool/Childcare Services NET Revenue from Subcontracted Services. Only respond to this question if the Preschool/Childcare Services is run through a SUBCONTRACTUAL RELATIONSHIP. If Preschool/Childcare Services is run internally, leave blank and respond to question 11.

(Question Format: Currency, i.e 12.75)

13.

Other Fees and Earned Income, such as parking, leased space and consultant services.

(Question Format: Currency, i.e 12.75)

* 14.

TOTAL EARNED INCOME (sum responses to questions 1-13)

(Question Format: Currency, i.e 12.75)

* 15.

INTEREST AND ENDOWMENT INCOME. Include interest/dividend income on investments or interest on outstanding notes to other organizations that is available for general operations. Include any earnings on endowment funds that are not reinvested and are available for general operations.

(Question Format: Currency, i.e 12.75)

16.

Private Project/Program Grants. Include any contributions, gifts or grants from private sources (individuals, corporations or foundations) for specific projects or programs. Usually these would be classified as temporarily restricted grants.

(Question Format: Currency, i.e 12.75)

17.

Special Event Gross Revenue. Do not include catering income.

(Question Format: Currency, i.e 12.75)

18.

Annual Giving, other than Memberships. Include any unrestricted gifts from individuals, corporations or foundations. Often this is listed as general operating support.

(Question Format: Currency, i.e 12.75)

19.

Parent Organization Support. If the organization, department or ongoing program for which you are filling out this survey is part of or a subsidiary of a larger organization (such as a university), enter any monetary support that you received from that parent on this line, if you did not already enter it in some other category of revenue. This support may be in the form of a cash transfer or a budget line item. Do not include in-kind support.

(Question Format: Currency, i.e 12.75)

* 20.

TOTAL CONTRIBUTED INCOME (PRIVATE). (sum responses to questions 16-19) :

(Question Format: Currency, i.e 12.75)

21.

Federal (Unrestricted) Grants. Include all federal funds for operations such as appropriations or grants.

(Question Format: Currency, i.e 12.75)

22.

State (Unrestricted) Grants. Include all state funds for operations such as appropriations or grants.

(Question Format: Currency, i.e 12.75)

23.

Local (Unrestricted) Grants. Include all funding from local sources, such as county or city appropriations or grants. Include any direct tax support from local initiatives used to support the museum.

(Question Format: Currency, i.e 12.75)

24.

Public Project/Program (Restricted) Grants. Include any federal, state or local grants from specific projects or programs. IMLS and NSF program grants for projects should be included here.

(Question Format: Currency, i.e 12.75)

* 25.

TOTAL CONTRIBUTED INCOME (PUBLIC) (sum responses to questions 21-24)

(Question Format: Currency, i.e 12.75)

* 26.

TOTAL CONTRIBUTED INCOME (sum responses to questions 20 and 25)

(Question Format: Currency, i.e 12.75)

* 27.

TOTAL OPERATING INCOME (sum responses to questions 14, 15 and 26).

(Question Format: Currency, i.e 12.75)

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ACM Membership Survey of Open MuseumsLast Completed Section: [Museum Finances \(Operating Income\)](#)[Exit Survey Without Saving](#)[Save Progress and Exit](#)[Save and Go To Next Section](#)[Previous Section](#)**Section 8: Museum Finances (Operating Expenses)**

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Operating Expenses Breakdown: Please provide a breakdown of your Operating Expenses from your most recently completed fiscal year for the following categories of expenditures. Do not include in-kind expenses. If a category of expenses does not apply to your museum, please leave it blank. Non-U.S. members, please convert all monies to U.S. dollars. NOTE: do not use commas when entering numbers within this section. For easy to use survey instructions and guidance documents, visit <http://www.childrensmuseums.org/datasurvey.htm>.
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1.

Personnel Costs. Include all salaries, taxes and benefits for all staff members. Include full-time, part-time and seasonal staff members.

(Question Format: Currency, i.e 12.75)

2.

Exhibits/Gallery/Theater Maintenance Expenses. Include costs for exhibit maintenance and repair for permanent exhibits or leased exhibits, as well as routine costs for operating giant-screen theaters and planetariums/digital domes. DO NOT include expenditures on new exhibits—see section on capital expenditures. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

3.

Exhibit Rental. Include the lease cost for renting traveling exhibitions. Include exhibit shipping costs. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

4.

Other Visitor Services and Exhibit/Gallery Costs. Include all other costs to operate exhibit and galleries that are related to general admission and include costs for visitor services. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

5.

Gift Shop. Include all costs related to producing the revenue. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

6.

Development/Fundraising. Include all costs related to development and fundraising for ongoing operations. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

7.

Public Relations/Marketing. Include all public relations and marketing costs such as design and printing of brochures and promotional events. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

8.

Advertising. Include the direct expense of purchasing media advertising, such as television, radio and print. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

9.

Education Programs. Include costs relating to in-house and outreach education programs. Also include costs associated with camps/overnights. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

10.

Membership Program. Include all costs for generating membership revenue, such as administrative costs, telemarketing expenses, mailing costs, membership newsletter, etc. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

11.

Grant-Funded Program Costs. Include costs related to private and public grant-funded programs or projects. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

12.

Other Program Costs. Include costs for any programs or projects not listed elsewhere. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

13.

Administrative Costs. Include all administrative costs, such as executive, financial, human resources or information services. Also include insurance costs. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

14.

Facility Operations/Maintenance. Include all costs for facilities, such as security, custodial, building maintenance, utility and costs. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

15.

Ancillary Expenditures. Include all costs related to special events/facility rentals, food service operations and parking operations. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

16.

Rent or Mortgage

(Question Format: Currency, i.e 12.75)

17.

Other Operating Expenses. Include any other expenses not included in the other lines. (EXCLUDE personnel costs, INCLUDE contract labor.)

(Question Format: Currency, i.e 12.75)

* 18.

TOTAL OPERATING EXPENSES (sum responses to questions 1-16).

(Question Format: Currency, i.e 12.75)

* 19.

DEPRECIATION. Include the depreciation of any fixed assets that are capitalized, including buildings and equipment.

(Question Format: Currency, i.e 12.75)

20.

Capital Expended on Exhibits. Include total cost of construction of new exhibits, both PERMANENT and TRAVELING in the past fiscal year.

(Question Format: Currency, i.e 12.75)

21.

Capital Expended on Building Renovations and Expansions. Include total cost of capital building renovations and theater renovations, excluding exhibit construction, in the past fiscal year.

(Question Format: Currency, i.e 12.75)

* 22.

TOTAL CAPITAL EXPENDITURES (sum responses to questions 19 and 20)

(Question Format: Currency, i.e 12.75)

23.

List significant types of in-kind or cash reimbursement services (e.g., grounds keeping, custodial services, utilities, advertising/PR, development) that your museum receives from another entity.

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

24.

Do you report the value of in-kind contributions on your financial statements?

 (Check for yes, leave unchecked for no)

25.

If yes, what was the total value for the most recent fiscal year.

(Question Format: Currency, i.e 12.75)

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ACM Membership Survey of Open MuseumsLast Completed Section: [Museum Finances \(Operating Expenses\)](#)[Exit Survey Without Saving](#)[Finish Survey](#)[Previous Section](#)**Section 9: For the Director**

Section Instructions:

* -Indicates a required field.

- Grey text in field indicates read only, information displayed but is not editable.
 - Questions 1-3 are for institutions in the United States only.
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1.

Would you consider the museum's past fiscal year that you reported on to be a typical year of operations or an anomaly? An example of an anomaly might be if your museum was closed for part of the year, or if you hosted a very popular traveling exhibit that significantly boosted attendance. If you would consider this past year to be an anomaly, check yes.

 (Check for yes, leave unchecked for no)

2.

If yes, was the anomaly positive?

 (Check for yes, leave unchecked for no)

3.

If yes, briefly describe the reason for the anomaly.

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

4.

In the past fiscal year, did your museum receive a visit from a federal Congressional representative, senator or other U.S. government official?

 (Check for yes, leave unchecked for no)

5.

In the past fiscal year, did your museum communicate via telephone, letter, email or in person with a federal Congressional representative, senator or staff person?

 (Check for yes, leave unchecked for no)

6.

Please provide your Congressional district. (Learn your Congressional district at www.house.gov/writerep)

(Question Format: Text, Max Characters allowed, 125)

Character Count:

0

7.

Did your museum receive a government appropriation in your past fiscal year?

(Check for yes, leave unchecked for no)

8.

If yes, how much was the appropriation and through which agency was it passed?

(Question Format: Text, Max Characters allowed, 200)

Character Count:

0

9.

Do you work with partner organizations at the local or state level for advocacy purposes?

(Check for yes, leave unchecked for no)

10.

Does your museum have a person on staff who is responsible for government relations?

(Check for yes, leave unchecked for no)

11.

What was your museum's biggest accomplishment in the most recently completed fiscal year?

(Question Format: Text, Max Characters allowed, 500)

Character Count:

0

12.

What is the biggest need of your museum?

(Question Format: Text, Max Characters allowed, 300)

Character Count:

0

13.

What do you think is the most important emerging trend for the children's museum field?

(Question Format: Text, Max Characters allowed, 300)

Character Count:

0

14.

Do you have any comments about the services or member benefits your institution receives from ACM? What would make ACM's member services, conferences or publications more useful to you and your staff?

(Question Format: Text, Max Characters allowed, 300)

Character Count:

0

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