

MISSOURI HISTORICAL RECORDS ADVISORY BOARD
2008-2009 Statewide Records Assessment Survey

****This survey can be completed online at www.surveymonkey.com/MHRABsurvey.****

PART A. ORGANIZATION & COLLECTION INFORMATION

Organization Name _____

Street Address _____

City, State, Zip Code _____ County _____

Phone _____ Fax _____

Website _____ Email _____

Hours of Operation (Please note if seasonal.) _____

Person Completing the Survey _____

Title _____ Direct Phone _____

1. Type of Organization (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Archives/Records Repository | <input type="checkbox"/> Business/For-Profit Corporation |
| <input type="checkbox"/> Historical Society | <input type="checkbox"/> Not-For-Profit Corporation |
| <input type="checkbox"/> College or University | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Library/Special Collection | <input type="checkbox"/> State Historic Site |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Genealogical Society | <input type="checkbox"/> Military Installation |
| <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Other _____ |

2. Staffing:

- a. Number of Paid Full-Time Staff Year-Round _____ Seasonal _____
- b. Number of Paid Part-Time Staff Year-Round _____ Seasonal _____
- c. Number of Volunteers (1-10 hours per week) Year-Round _____ Seasonal _____
Number of Volunteers (over 10 hours per week) Year-Round _____ Seasonal _____

d. Please indicate what formal education or specialized training staff members have. (Please check all that apply):

- College Degree in Archival Administration
- College Degree in Library/Information Science
Did any coursework relate to Archival Administration? Yes No
- College Degree in History or Related Humanities Discipline
Did any coursework relate to Archival Administration? Yes No
- College Coursework in Any of the Above Disciplines
- Institute (1-2 weeks) in Archival Administration/Methods
- Workshop (1-5 days) in Archival Administration/Methods
- Other _____

3. Does your organization have original records in its care? Yes No

****IF YOUR ORGANIZATION DOES NOT HAVE ORIGINAL RECORDS, PLEASE RETURN THIS SURVEY NOW. YOU HAVE COMPLETED ALL THE QUESTIONS APPLICABLE TO YOUR ORGANIZATION.****

4. What is the year of your organization's earliest record? _____ Most recent record? _____

5. Please indicate for what percent of records your organization has an inventory or list:

- 76 – 100% 26 – 50% None
 51 – 75% 1 – 25%

6. Please indicate the type(s) of original records your organization holds and estimate the amount for all that apply. Also, please indicate what records are available digitally and/or what you would like to make available:

The following comparisons may be used to estimate linear/cubic feet:

1 Hollinger box/document case (approx. 12"x5"x10")	=	0.5 lin./cu. ft.
1 Record Center carton (approx. 15"x12"x10")	=	1 lin./cu. ft.
1 Transfer carton/Bankers box (approx. 24" x 12" x 10")	=	2 lin./cu. ft.
1 Filing cabinet drawer	=	2 lin./cu. ft.

- Papers (e.g., Correspondence, Scrapbooks, Minutes, Ledgers, Government Records) _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Newspapers and Other Periodicals (e.g., Newsletters, Magazines) _____ volumes OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Published Books _____ volumes OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Still Pictures (e.g., Photographs, Slides, Negatives) _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Oversize Paper (e.g., Maps, Plats, Blueprints, Architectural Drawings) _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Oral Histories and Other Sound Recordings (e.g., Tape, Record, CD) _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Motion Picture Film _____ reels OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Videotapes and DVDs _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Microfilm _____ reels OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Microfiche _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize
- Computer Media (e.g., Tapes, Diskettes, CD-ROMs, Optical Disks) _____ items OR _____ lin. ft.
 Digitized for In-House Use Available Online Want to digitize

7. Subject Areas Supported by Your Organization's Records (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Business/Industry/Manufacturing/Economic |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Civil War/Border War |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Education |
| <input type="checkbox"/> Arts and Architecture | <input type="checkbox"/> Environmental Affairs/Natural Resources |

- | | |
|---|--|
| <input type="checkbox"/> Genealogy | <input type="checkbox"/> Politics, Government, Law |
| <input type="checkbox"/> Geography/Topography | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Immigrants/Ethnic Groups | <input type="checkbox"/> Science and Technology |
| <input type="checkbox"/> Labor | <input type="checkbox"/> Social Service/Charitable Organizations |
| <input type="checkbox"/> Local History | <input type="checkbox"/> Sports, Recreation, and Leisure |
| <input type="checkbox"/> Medicine and Health Care | <input type="checkbox"/> Transportation and Communication |
| <input type="checkbox"/> Military | <input type="checkbox"/> Women |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oral History | |

8. Please describe your organization's focus areas and/or significant collections that should be highlighted:

9. Does your organization have any of the following written policies?

- | | | |
|---|------------------------------|-----------------------------|
| An acquisition policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A deed of gift policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A policy on access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A destruction/disposal/deaccession policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A disaster plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A policy on electronic records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A policy on loans for research or exhibits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. If your organization digitizes records, please indicate the standards used for:

Images:

- | | |
|---|--|
| <input type="checkbox"/> TIFF - 300 dpi or greater | <input type="checkbox"/> JPEG - 300 dpi or greater |
| <input type="checkbox"/> TIFF - lower than 300 dpi | <input type="checkbox"/> JPEG - lower than 300 dpi |
| <input type="checkbox"/> JPEG 2000 - 300 dpi or greater | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> JPEG 2000 - lower than 300 dpi | |

Indexing Software:

- | | |
|--|--|
| <input type="checkbox"/> Access Database | <input type="checkbox"/> PastPerfect |
| <input type="checkbox"/> SQL Database | <input type="checkbox"/> Excel Spreadsheet |
| <input type="checkbox"/> CONTENTdm | <input type="checkbox"/> Other _____ |

11. What equipment does your organization have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> with DVD drive | <input type="checkbox"/> with CD drive |
| <input type="checkbox"/> Document Imaging Equipment (e.g., Flatbed Scanner, Book Scanner) | | |
| <input type="checkbox"/> Microfilm Camera | | |
| <input type="checkbox"/> Microfilm and/or Microfiche Reader, Reader-Printer, or Reader-Printer-Scanner | | |
| <input type="checkbox"/> Specialized Conservation Equipment | | |
| <input type="checkbox"/> Other _____ | | |

12. Please list other institutions in your area that hold original records and should be included in this survey:

PART B. CONDITION OF RECORDS

1. Please estimate the percentage of your organization's records that correspond with the following general condition descriptions:

Good (e.g., Little to No Damage; Documents Have Been Stabilized and/or Undergone Conservation) _____%

Fair (e.g., Tears; Folds; Minor Water Damage; Documents Could Use Some Attention) _____%

Poor (e.g., Severe Water Damage; Mold; Brittle Paper; Deteriorating; Fading; In Danger of Being Lost) _____%

2. Please estimate the percentage of your organization's records stored in the following areas, if applicable:

Office _____%

Basement _____%

Archival Storage Area ("Stacks") _____%

Closet _____%

Storage Room _____%

Warehouse _____%

Attic _____%

Other _____%

3. Please indicate whether your organization utilizes any of the following in records storage areas:

- Alkaline ("Acid-Free") File Folders and/or Boxes
- Fire Detection (e.g., Smoke/Heat Alarms)
- Fire Suppression (e.g., Sprinklers, Halon)
- Humidity Control
- Pest Monitoring
- Security System (e.g., Motion Detector, Locks, Surveillance Cameras, Alarm)
- Temperature Control

4. What preservation/conservation methods has your organization used in the past 3 years? (Please check all that apply.)

- Disaster Recovery
- Document Conservation/Repair
- Microfilming
- Rebinding/Book Repair
- Upgraded Environmental Controls
- Other _____

5. Please estimate what percentage of your organization's collection is microfilmed. _____ %

6. Has your organization lost or had records damaged as a result of any of the following in the past 3 years?

- Fire
- Misfiles
- Natural Disasters (e.g., Tornadoes, Floods)
- Pests
- Theft
- Vandalism
- Water (e.g., Leaks, Plumbing Failures)
- Other _____

PART C. ACCESS TO RECORDS

1. Please estimate the number of research requests received by your organization in a 12 month period.

Postal Mail _____ Email _____ In-Person _____ Telephone _____

2. What services does your organization offer? Is a fee charged for those services? (Please check all that apply.)

Photocopy or Print:	Fee Charged?
<input type="checkbox"/> Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Microfilm/Microfiche	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Oversize Item	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No

- | | |
|---|--|
| Digital Scan: | <u>Fee Charged?</u> |
| <input type="checkbox"/> Papers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Microfilm/Microfiche | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Oversize Item | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Does your organization charge any additional fees?

- | | |
|--|--------------------------------------|
| Admission to Facility and/or Access Fee <input type="checkbox"/> | Research <input type="checkbox"/> |
| Postage and Handling <input type="checkbox"/> | Other <input type="checkbox"/> _____ |
| Reproduction/Licensing Fee <input type="checkbox"/> | |

4. How do researchers use your organization's records? Rank the following purposes in order from 1-10, with 1 being most popular and 10 least popular:

- | | |
|--|-------|
| Administrative Use | _____ |
| Genealogy | _____ |
| Historic Building Research | _____ |
| Local History | _____ |
| Media, Publicity Campaigns, Public Relations | _____ |
| Property/Legal Research | _____ |
| K-12 Educational Projects (e.g., History Day, Research Papers) | _____ |
| Undergraduate Coursework | _____ |
| Graduate Research and Scholarly Publications | _____ |
| Other _____ | _____ |

5. What finding aids have been created for the records of your organization? (Please check all that apply.)

- Regional/National Automated Catalog (e.g., OCLC)
- Computer Catalog Accessible Online
- Computer Catalog Accessible In-House
- Card Catalog
- Digital Collection Indexing Software (e.g., CONTENTdm, PastPerfect, Access Database)
- Printed Guide to Collection
- Typewritten Registers/Inventories
- Other _____

6. What challenges affect the accessibility of your organization's records? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Cannot Physically Locate Records | <input type="checkbox"/> Processing Backlog |
| <input type="checkbox"/> Lack of Indexes and Other Finding Aids | <input type="checkbox"/> Records are Deteriorated Beyond Use |
| <input type="checkbox"/> Lack of Staff/Funds | <input type="checkbox"/> Security Issues |
| <input type="checkbox"/> Necessary Equipment Not Available (e.g., Microfilm Readers) | <input type="checkbox"/> Suitable Space for Conducting Research Not Available |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Other _____ |

7. To what percent of records do researchers have direct access (i.e., self retrieval/use)? _____%

PART D. ASSISTANCE NEEDED

1. Of the list of challenges below, check the one(s) most applicable to your organization. (Please select no more than 5):

- | | |
|---|--|
| <input type="checkbox"/> Funding
<input type="checkbox"/> Inability to Place Finding Aids and/or Documents Online
<input type="checkbox"/> Inadequate Finding Aids
<input type="checkbox"/> Lack of Staff
<input type="checkbox"/> Limited Use of Collections | <input type="checkbox"/> Need to Reformat Collections (e.g., Microfilm, Scan)
<input type="checkbox"/> Preservation/Conservation of Records
<input type="checkbox"/> Staff Training or Expertise
<input type="checkbox"/> Storage Conditions (e.g., Temperature, Humidity, Security)
<input type="checkbox"/> Storage Space Capacity |
|---|--|

2. Financial Support:

a. Funding in the past three years has:

- Increased
 Decreased
 Remained Stable

b. Do you believe funding in the next three years will:

- Increase
 Decrease
 Remain Stable

c. Please estimate the percentage of your organization's total income that is provided by the following sources, if applicable.

- | | |
|---|---------|
| Allocations from Government and/or a Parent Organization's Budget | _____ % |
| Earned Income (e.g., Fees, Gift Store Sales, Membership Dues) | _____ % |
| Endowments, Trusts | _____ % |
| Fundraising (e.g., Business Donations) | _____ % |
| Grants | _____ % |
| Other _____ | _____ % |

3. Training:

a. Please indicate at what level individuals in your organization would be interested in the following types of training. Base your answer on the assumption that the training would be free or of nominal cost:

	Very Interested	Somewhat Interested	Not Interested
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal/Selection Criteria (Developing a Collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archival Methods (Processing, Arrangement, Description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Development and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digitization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Records (e.g., Email, Word Processing File)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grants/Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving Storage and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preservation/Conservation Methods (Care of Records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference (Assisting Researchers and Other Visitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selecting Records for Destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Computers in Archives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please rate which of the following methods of training would be best for individuals at your organization, with 1 being the least useful and 5 the most useful. (Please circle the appropriate number):

	Least Useful				Most Useful
Consultant Services	1	2	3	4	5
Graduate Courses	1	2	3	4	5
Institutes (5-10 days)	1	2	3	4	5
Internships	1	2	3	4	5
Mentoring	1	2	3	4	5
Online Training	1	2	3	4	5
Onsite Training	1	2	3	4	5
Professional Meetings	1	2	3	4	5
Publications, Printed Manuals	1	2	3	4	5
Workshops (1-2 days)	1	2	3	4	5

c. How far would individuals at your organization be willing to travel for training?

- Up to 50 Miles Up to 200 Miles Over 200 Miles (Out-of-State)

4. Services:

In which of the following services would your organization be interested in participating? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Audio-Visual Reformatting | <input type="checkbox"/> Listserv |
| <input type="checkbox"/> Centralized Microfilming/Digital Imaging | <input type="checkbox"/> Site Visits by an Archivist/Records Manager |
| <input type="checkbox"/> Collections Processing | <input type="checkbox"/> Workshops and/or Institutes |
| <input type="checkbox"/> Conservation Treatment | <input type="checkbox"/> Other _____ |

PART E. IMPACT OF PAST EFFORTS

1. Missouri Historical Records Advisory Board (MHRAB):

- a. Were you familiar with the MHRAB prior to receiving this survey? Yes No
- b. Are you aware of the MHRAB's listserv *Docline*, which allows repositories to share information? Yes No
- c. Were you aware of the past Missouri Historical Records Grant Program (MHRGP), a program that provided funding to local organizations for preservation and access projects? Yes No
- d. Did your organization receive a MHRGP grant? Yes No Don't Know

2. Library Services and Technology Act (LSTA):

- a. Are you familiar with the Missouri State Library's Library Services and Technology Act grants? Yes No
- b. Has your organization ever received a LSTA grant? Yes No Don't Know

3. Local Records Preservation Program (LRPP):

- a. Is your organization a local government or political subdivision with taxing authority? Yes No
- b. If "yes," please answer the following:
- Are you familiar with the Missouri State Archives Local Records Preservation Program? Yes No
- Has your organization ever received a LRPP grant? Yes No Don't Know
- Has your organization ever been visited by a LRPP field archivist? Yes No Don't Know
- Has your organization ever partnered with the LRPP on a project? Yes No Don't Know

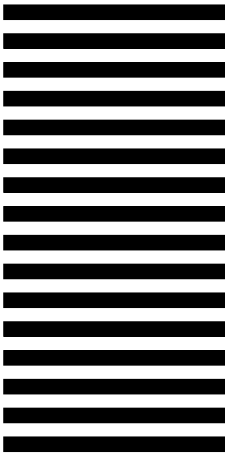
Thank you for completing this survey.
Your participation will help ensure that our state's rich historical heritage
is preserved and made accessible for future generations.

Please fold, tape, and return your completed survey to
the Missouri Historical Records Advisory Board
no later than January 31, 2009.

----- Fold Here and Tape Closed -----



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