

DATE OF THIS APPLICATION: (MM/DD/YYYY)

DIGITIZING NORTH CAROLINA'S HIDDEN COLLECTIONS

Application for Digitization

Due Date: March 16, 2018

Before completing this application, please save a copy of it. Read the [Application Guidelines](#) and the entire "How to Participate" section on the website of the Digital Heritage Center: <http://www.digitalnc.org/about/participate/>

I. INSTITUTIONAL INFORMATION

Name of Institution:

Your Name and title:

Your E-mail address and telephone number:

Institutional Mailing Address:

Street Address (If different than mailing address):

City, State, Zip:

Institutional Website:

North Carolina County; U.S. Congressional District:

Primary Type of Institution (Select only one):

 Archives Library Historical Society Genealogical Society Historic Site/House
 Museum Other—please describe:

Is this archival collection accessible to the public?

 Yes No

II. COLLECTIONS INFORMATION

Before completing please read the guidelines on the Digital Heritage Center's website:

- "Selecting Materials for Digitization," <http://www.digitalnc.org/about/participate/select/>
- "Preparing Materials for Digitization," <http://www.digitalnc.org/about/participate/prepare/>
- "Describing Your Materials," <http://www.digitalnc.org/about/participate/describe/>

1. Are the materials in the public domain?

 Yes No I'm not sure

2. Does your institution have copyright of the materials you wish to scan?

Yes No I'm not sure

3. This project requires you to submit an Excel* spreadsheet of basic metadata for your item collections. Are you able to do this?

Yes No I'm not sure

4. What is the name of the collection/collections you would like to digitize?

5. What is the volume of the collection you wish to scan? (e.g. number of items, manuscript boxes, or volumes; indicate number of only one type)

number of items:
number of boxes:
number of volumes:

6. What is its significance to the history and culture of North Carolina or your region?

7. Type of material included in this collection: (Please check all that apply)

<input type="checkbox"/> Personal papers, diaries, ledgers, correspondence or letters
<input type="checkbox"/> Photographic prints/negatives/slides
<input type="checkbox"/> Scrapbooks
<input type="checkbox"/> Maps
<input type="checkbox"/> Microfilm/fiche
<input type="checkbox"/> Drawings/2-dimensional works of art
<input type="checkbox"/> Image recordings: _____ list media formats (e.g. film, video tapes)

_____ Sound recordings: _____ list media formats (e.g. cassette tapes, albums)
_____ Magnetic storage tapes
_____ CDs or other computer media
_____ Electronic or digital files
_____ Administrative records
_____ Rare books
_____ Yearbooks
_____ Other; please describe

8. What percentage of this collection is already arranged and described or cataloged?

_____%

9. Please specify the catalog method or software used to describe your collection: (i.e. ReDiscovery, Sirsi, a local database, index, Excel spreadsheet, etc.)

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10. What percentage of this collection has finding aids/inventory lists or other finding tools?

_____%

11. What percentage of this collection needs immediate preservation/conservation action due to insect damage, water damage, deterioration, etc.?

_____%

12. How would you assess the physical condition of this collection?

_____ Good _____ Fair _____ Poor _____ Very Poor
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13. How and by whom is the archival collection used?

III. TRANSPORT INFORMATION

14. Are you able to bring your materials to a centralized location in the Asheville, Winston Salem/Greensboro; Piedmont, northern coast, or southern coast region?

Yes No I'm not sure

15. Will you be able to function without your collection for up to 1 year?

Yes No

16. Does your collection require special handling?

Yes No

17. Do your materials require special boxing to transport?

Yes No

Auxiliary Documents

[Application Guidelines](#)

*[Excel metadata sheet](#)

[Digital Heritage Center loan agreement](#)

*This program is made possible from a grant from the
[National Historical Publications and Records Commission](#)*