1. I verify that we are located in the Commonwealth of Virginia or Washington, DC.

2. I verify that we are an institutional member in good standing of the Virginia Association of Museums (VAM).

3. I verify that the artifact selected as a “Virginia’s Top 10 Endangered Artifacts” honoree is in our

organization’s stewardship and not a loaned item.

4. I agree that our organization will have the honored artifact assessed (if not already done so) and

provide a progress report of our conservation/preservation project to VAM by **December 31,**

**2026**. Please see Award Progress Report for details.

5. I understand that the monetary award must be used for expenditures related to the stewardship

of the selected artifact. (Examples: conservation, assessment, preservation materials, training,

programs)

6. I understand that the application, photographs, support materials, and other media associated

with the Top 10 entry will be used for press and promotional purposes as well as be archived at

the Virginia Association of Museums (VAM).

7. I agree to acknowledge the Virginia Association of Museums in all published material (print and

digital) regarding receipt and support of the Virginia’s Top 10 Endangered Artifacts award, such

as “This project is supported in part by funding of the Virginia Association of Museums.”

Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_