

WMA Member Survey

Purpose

The purpose of this survey is to collect basic information about the economic impact museums make in the State of Washington. By participating in this survey your organization will contribute to statistics that will provide very useful data that we can share on the state level as well as within our own communities and with funding sources. Museums do matter and data such as this can help justify our continued existence and remind the public of our relevance to their communities. Your responses should reflect the 2009 calendar year. We realize that some of your responses will include year to date numbers rather than final figures. That is ok. The compiled survey results will be released in aggregate form only. Responses for individual organizations will not be reported or singled out. Your museum will be grouped and reported by type only, not actual location so please be honest and as accurate as possible when making your responses. Once the responses are analyzed we will report the findings by posting them on the WMA website. Again, your responses will not be singled out. This survey is open for responses from February 1 - March 15, 2010. Thank you in advance for your assistance.

Note about Completing Survey:

The survey comprises 18 questions of which the first 17 are required. The required questions are indicated by an asterisk. A response to these, including each sub-part for some items, is required. You will not be able to proceed through the sections of the survey without completing the required questions. The software will take you back to required questions that were skipped or for which specific directions were not followed, e.g., not using percent symbols, not including commas in numbers. Following optional item #18, clicking on the "Next" button should take you to the "Thank you!" page. Clicking the "Done" button on that page will submit your completed survey, exit the Survey Monkey site, and take you to the WMA homepage.

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Person Completing Survey

Please note that a response is REQUIRED for each item. If one or more questions are skipped, you will be unable to complete/submit the survey.

* 1. Your Name

* 2. Title

* 3. Day-time phone number

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About the Museum

* 4. Name of Museum

* 5. Type of Museum (Check only one.)

Arboretum/Botanical Garden

Art

Aquarium

Children's/Youth

Cultural Specific

Historic House/Site

History

Multi-disciplinary

Natural History

Science/Technology

Other

* 6. Location

* 7. Days and hours of operation

* 8. Amount of admission charge, if any
(If none, please enter "None.")

* 9. In terms of full-time-equivalents (FTE), how many persons are paid employees?
(Only a numeric answer can be entered. Enter 0 if there if there are no paid employees.)

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* 10. Do paid employees receive any of the following benefits?

(Please check all that apply.)

- Medical
- Dental
- Vision
- Retirement
- Sick leave
- Vacation leave
- None of the above

* 11. Total volunteer-hours for 2009

(Only a numeric answer can be entered. Do not use commas. Enter 0 if the total volunteer-hours is zero.)

* 12. Total number of museum attendees (for 2009)

(Only numeric values can be entered for the following two answers. Do not use commas. Enter 0 if there if there are no attendees.)

On-site

Off-site

* 13. How are visitations recorded?

(Check only one.)

- zip codes
- laser (automatic) counter
- head-count "guesstimates"
- data not collected

* 14. Total 2009 annual operating budget year-to-date amounts

(Only numeric values can be entered for these two answers. Omit use of the dollar sign; do not use commas or decimals. Enter 0 if the amount is zero.)

Cash revenue

In-kind Donations

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- * 15. What percent of cash revenue for 2009 year-to-date came from each of the following sources?

(Only whole number values can be entered for the next three answers. Omit use of the percent symbol. Enter 0 if the amount for a source is zero. The total of the three values must add up to 100.)

Contributions
(donations,
sponsorships,
memberships)

Government grants

Program and museum
store revenue

- * 16. What percent of your budget was spent on the following?

(Only whole number values can be entered for the next three answers. Omit use of the percent symbol. Enter 0 if the amount for a source is zero. The total of the three values must add up to 100.)

Program services

Management & general
operations

Fund-raising

- * 17. Does your organization have 501(c)3 status?

(Check only one.)

Yes

No

Unsure

18. Please use the following textbox to provide any qualifications you want to add to any of your answers and/or to comment about the survey itself. (Response NOT REQUIRED)

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Thank you!

Thank you for completing the survey. Your participation counts!

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