Pre-filled fields are BOLDED.

Survey 5: This survey reports State Historical Records Advisory Board and related State Archives Activities

1. State or Territory Reporting (Select one option)
Dropdown list of States/Territories/District that will be pre-filled

2. Survey completed by
(a) Name

(b) Title

(c) Email
13.1 Which of the following best describes the status of the State Historical Records Advisory Board in your state/territory? (Select one option)

- The SHRAB in our state/territory is authorized and active.
- The SHRAB in our state/territory is authorized but inactive.
- We are attempting to establish a SHRAB in our state/territory.
- Our state/territory does not have a SHRAB and we have no plans to establish one.
- Other (Please specify) __________

13.2 Are the SHRAB and coordinator appointments current? (Select one option)

- Appointments are always made on time.
- While all appointments are now current, we occasionally experience delays in filling seats.
- Not all members have current appointments, but we expect them soon.
- Not all members have current appointments, and we do not know when they will be made.
- Appointments are rarely made on time.
- Other (Please specify) __________

13.3 Who makes SHRAB appointments? (Select one option)

- Archives
- Governor
- Secretary of State
- Other (Please specify) __________

13.4 Who is your SHRAB coordinator?

(a) Name : __________________________________________

(b) Job Title : __________________________________________
11.5 Who is your Deputy Coordinator?

(a) Name : __________________________________________

(b) Job Title : _______________________________________

11.6 How much staff support (in FTEs) is devoted to the administration of your SHRAB each year?

(a) SHRAB Coordinator and/or Deputy Coordinator

________________________________________________________________________

(b) Other staff

________________________________________________________________________

(c) Total FTEs (all staff)

________________________________________________________________________

13.7 Has your SHRAB or State Archives engaged in any of the following activities since the previous survey?

Check all that apply

<table>
<thead>
<tr>
<th>Activity</th>
<th>SHRAB</th>
<th>State Archives</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Compilation/maintenance of statewide repository directory</td>
<td></td>
<td></td>
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<tr>
<td>(c) Delivering workshops/trainings on archives/records topics</td>
<td></td>
<td></td>
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<tr>
<td>(d) Delivering workshops/trainings on grant writing</td>
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<td></td>
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<tr>
<td>(e) Emergency Preparedness Activities</td>
<td></td>
<td></td>
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<tr>
<td>(f) Field/Traveling/Roving Archivist(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) NHPRC grant review</td>
<td></td>
<td></td>
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<tr>
<td>(h) Promoting Archives Month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Other outreach or promotional activities (explain below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j) Regrants</td>
<td></td>
<td></td>
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</tbody>
</table>
13.8 What is the direct impact of your SHRAB on your state’s archives program? (Select one option)

- Very positive
- Positive
- Neutral
- Negative
- Very negative
- Not applicable

13.9 What is the direct impact of your SHRAB on your state’s archival community? (Select one option)

- Very positive
- Positive
- Neutral
- Negative
- Very negative
- Not applicable

13.10 What is the source of your SHRAB funding? (check all that apply)

- NHPRC
- Other federal funding
- State funding
- Other (Please specify) ______________

13.11 What additional projects or activities would your SHRAB like to engage in, especially if you had additional funding?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13.12 Does your SHRAB engage in any collaborative, regional activities with other SHRABs? (Select one option)
13.13 Does your State/Territorial Archives engage in any collaborative or regional activities with other archives? (check all that apply)

☐ NARA
☐ NARA Presidential libraries
☐ Other state archives
☐ Local municipal archives
☐ Other local archives
☐ Other (Please specify) ______________

13.14 What institution types are represented by your Board membership? (check all that apply)

☐ State archives
☐ State library (including statewide library agency)
☐ College and University archives
☐ Historical Societies
☐ Local libraries
☐ Museums
☐ Local history organizations
☐ Other (Please specify) ______________

13.15 Does your SHRAB reflect the demographics of your state/territory?

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
State Historical Records Advisory Boards and State Archives Activities

Please take a moment to share with us your experience completing this portion of the survey and any suggestions you have.

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This is the final portion of the FY2020 Archives and Records Management Survey. Please share any final thoughts, comments and feedback you have on this survey as a whole and the process this year.

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