

Smithsonian's
Museum on Main Street
Host Application Form



Project Coordinator (Primary Contact)

Coordinator Name: _____

Title/Affiliation: _____

Email: _____ Phone: _____

Organization Information

Organization Name: _____

Organization Address: _____

City: _____ Zip Code: _____ County: _____

Shipping Address: (if different from above) _____

Population of Town: _____ Organization URL: _____

Use 2020 U.S. census.

of Full-Time Staff: _____ # of Part-Time Staff: _____

of Regular Volunteers: _____

What is your annual operating budget? Do you have a budget allocation that would apply to this project? What additional financial resources do you plan to utilize?

Next two questions are for museums only. If you're not a museum, skip to next page:

Approx. Annual Visitation: _____

Hours of Operation (include seasonal changes): _____

Previous Experience

Have you collaborated with THC staff, utilized THC services, sought financial support, or applied for designations through the THC in the past five years?

Yes No If Yes, then please list them here:

Has your community hosted a Museum on Main Street or other travelling exhibit before?

Yes No If Yes, then when and what exhibit?

Have you/your community won any awards in the last five years that are relevant to this project?

Yes No List them here:

Scheduling

Is there an event or special occasion, such as a significant historical date or a local festival that you would like to schedule the exhibit around?

Yes No If Yes, then please briefly describe the occasion/event and include dates:

Please indicate your preferred host dates by placing a 1 or 2 next to your first and second choices. If there is a leg of the tour that would be impossible for your organization, place an X next to it.

August 24, 2024 - October 6, 2024

January 25, 2025 - March 9, 2025

October 12, 2024 - December 1, 2024

March 15, 2025 - April 27, 2025

December 7, 2024 - January 19, 2025

May 3, 2025 - June 15, 2025

Exhibit Venue

If you have already secured an exhibit space, please provide more information. If not, leave blank.

Venue Name: _____

Venue Address: _____ City: _____

Community Support

What does your preservation and/or tourism landscape look like? Which of the following are present in your community (select all that apply):

Downtown Main Street District
Business/Merchants Association
County Historical Commission
Local Heritage Society
Certified Local Government
Convention and Visitors Bureau

Chamber of Commerce
Economic Development Board/Corporation
Local Arts Council
Landmarks or Historic Preservation
Commission
THC Historic Site within 15 miles

Tell us about the organizations in your town or region that you hope to bring on as project partners, whether to help with planning, programs, financial support, volunteers, etc.

Organization: _____

URL: (if applicable) _____

Anticipated contribution:

Have you worked with this partner before? Yes No

Organization: _____

URL: (if applicable) _____

Anticipated contribution:

Have you worked with this partner before? Yes No

Organization: _____

URL: (if applicable) _____

Anticipated contribution:

Have you worked with this partner before? Yes No

Need more space? Share additional partnership ideas below:

Project Goals

Please type your answers on a separate page and attach with your nomination form. Each answer should not exceed 200 words.

1. What goals would your organization like to achieve through hosting this project?
 2. Describe a way in which your internal organization has grown, improved, or tried something new in the last three years. We want to get a better understanding of your organization's current administrative capacity and assess your room for growth.
 3. Tell us about some of the public projects, marketing campaigns, exhibits or visitor experiences that your organization has developed in the past three years.
 4. Describe any heritage-related initiatives or experiences that you hope to develop in conjunction with this exhibit. In other words, share some of the ideas you're excited to execute if selected as a host!
 5. Are there local sites, stories, or individuals that make your community uniquely suited to host the Crossroads exhibit?
 6. Describe your plans to publicize and promote this event. What publicity channels do you plan to utilize? Include specific news outlets (TV, radio, print), social media channels, websites, etc.
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Letter of Support

Please provide a letter of support from a local government official. Form letters will not be accepted. The letter should be included as an attachment with your submission email.

We believe that long-term success depends on support from local leadership, so we're looking for a show of support from your Mayor, City Council Member, etc., not a State Representative or Senator.

Signature Authorization

By signing this agreement, the Main Project Coordinator affirms that they have the authority to submit this application on behalf of their community and that the information submitted herein is complete and accurate.

Project Coordinator: _____ Date: _____

**Upon completion, save and email this form and supporting documentation to:
THCheritagetourism@thc.texas.gov.**

Questions? Email us at the address above or contact Mallory Laurel, THC Special Projects Coordinator, at (512) 463-3893.