**ACQUSITION PROPOSAL**

Each proposed object will be scrutinized in terms of authenticity, aesthetic merit, historical or cultural significance, provenance documentation and appropriateness to the collection. This form is to be completed by the relevant curator and submitted to the Collections Advisory Committee for review.

[Curator or Department Head] completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Yes  No**

**I. Type of Acquisition:**

Gift Bequest Purchase Exchange

A. Briefly describe the object and attach a photograph if possible.

Accession#:

Image

Artist/Title:

Country:

Date:

Materials:

Measurements:

B. What is this object’s compelling aesthetic, historical or cultural value?

**II. Provenance and Related Documents:**

1. Is the provenance of the object established and adequately documented?

**Yes  No**

B. Please list the provenance information for the proposed object, including the chain of title.

**III. Legal Title and Status:**

A. Are there any questions about clear legal title? If YES, explain.

**Yes  No**

B. Can [Dept. or Unit Name] verify legal importation/exportation, if relevant?

C. Has the object been run through the Art Loss Register or similar resources to verify that there are no outstanding claims for the object?

**Yes  No**

**IV. Special Considerations or Restrictions:**

A. Is the object free from restrictions on ownership, intellectual property rights, copyright or trademark?

**Yes  No**

B. Are there extenuating circumstances or conditions that affect the decision to acquire or not acquire the object for the collection?

**Yes  No**

If YES, explain:

**V. Mission Applicability**

A. Is the proposed object in keeping with the [Dept. or Unit Name]'s mission statement?

**Yes  No**

B. Does the object fit in with the Collections Development Plan and the scope of the collection? **Yes  No**

**VI. Resources:**

A. Are there adequate resources (space, staff and facilities) to provide proper storage, management and care of the acquisition without compromising the rest of the collection?

**Yes  No**

B. Will the cost of keeping the acquisition equal the benefit of having it in the collection?

**Yes  No**

C. Will the object pose any threat to the health and safety of the staff or visitors?

**Yes  No**

**VII. Condition**

A. Is the object in good condition? **Yes  No**

B. Will conservation be required before it could be exhibited?

**Yes  No**

If YES, explain:

**VIII. Duplication:**

A. Does the object duplicate something already in the collection?

**Yes  No**

If YES, explain:

**IX. Exhibition History:**

A. Does the object have an exhibition history?

**Yes  No**

If YES, list venues and exhibitions:

**X. Publication History**

A. Does the object have a publication record?

**Yes  No**

If YES, list citations:

**XI. Potential Use:**

A. Is the acquisition likely to be used for (check all the apply):

Research

Reference

Loan

Exhibition

Education

Exchange

Other purpose. Please specify:

**XII. Public Relations:**

A. Does the accession of the object present any public relations opportunities?

**Yes  No**

B. Does the accession of the object present any public relations liabilities?

**Yes  No**

**XIII. Purchase Necessity:**

A. If the object proposed is a purchase, is there a way to obtain the same object or one of a similar quality through gift or bequest?

**XIV. Additional Comments:**

**For Objects or Collections under $20,000:**

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

Dean of Unit

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

Dean of Unit

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Objects or Collections over $20,000:**

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

Office of the Provost

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

Office of the Provost

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_