Please complete the fields relevant to the collection management activities for state-associated held-in-trust collections undertaken by your facility in the last year. Send to Elizabeth Martindale, Curatorial Facility Certification Coordinator, Texas Historical Commission, P.O. Box 12276, Austin, TX 78711-2276 (please attach additional sheets as needed).

Curatorial Facility: Date Annual Reporting Form submitted:

Name/Title: Year being reported:

*Annual Reporting Form is due annually by January 31st.

**ACQUISITIONS ACTIVITY:**

No. of state-associated held-in-trust collections acquired during year:
TAC Permit No. or HIT Collection name (if not permitted):
Date of Acquisition:
Manner of Acquisition (in-house generated, outside scholar):
Status of THC Artifact Curation Form:

**Repeat above information for each individual state-associated held-in-trust acquisition.**

**ACCESSIONING ACTIVITY:**

No. of state-associated held-in-trust collections accessioned during year:
TAC Permit No. or HIT Collection name (if not permitted):
Accession number assigned:
Date accessioned:
Total number of objects in collection:
Total linear feet of documentation associated with collection:
Discrepancies and / or problems encountered:
General condition of collection:
Status of Held-in-Trust Agreement:

**Repeat above information for each state-associated held-in-trust collection accessioned.**

**DEACCESSIONING ACTIVITY:**

TAC Permit No. or HIT Collection name (if not permitted):
Accession number of the collection or the accession number of the collection from which the object comes:
Range of catalog numbers assigned to collection or catalog number of object:
Date deaccessioned:
Total number of objects in collection:
Total linear feet of documentation associated with collection:
Name and contact information for the receiving agency to which the deaccessioned object or collection is transferred:
Discrepancies and / or problems encountered:
General condition of collection or object deaccessioned:
Description of Object(s):
How Deaccession(s) were evaluated:
Method of disposal used:
Ultimate disposition/location:

Please submit a copy of the letter signed by THC concurring with or requesting deaccession and transfer of the collection if an entire collection was deaccessioned; or, if an object not in an approved category in the certification letter agreement.

**Repeat above information for each deaccessioned state-associated held-in-trust collection or object.

**LOAN ACTIVITY:**

**INCOMING:**

TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Range of catalog numbers of collection or catalog number of object:
Purpose of loan: (Research, Education, Conservation, Inspection):
Lending institution:
Conditions of Loan:
Length of time and dates of loan:
Loan inventory by category of material:
General condition of collection or object:
Date loan returned if during the reporting year cycle:

**Repeat above information for each incoming state-associated held-in-trust collection loan.

**OUTGOING:**

TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Range of catalog numbers of collection or catalog number of object:
Purpose of loan: (Research, Education, Conservation, Inspection):
Borrowing institution:
Conditions of Loan:
Length of time and dates of loan:
Loan inventory by category of material:
General condition of collection or object:
Date loan returned if during the reporting year cycle:

**Repeat above information for each outgoing state-associated held-in-trust collection loan.

**DESTRUCTIVE ANALYSIS LOANS:**
TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Catalog number(s) of object(s):
Borrowing institution:
Conditions of Loan:
Length of time and dates of loan:
Loan inventory by category of material:
General condition of object(s):
Date destructive loan analysis objects or information returned if during the reporting year cycle:

Please submit a copy of the letter signed by THC concurring with the destructive analysis loan if other than types of approved categories in certification letter agreement.

**Repeat above information for each state-associated held-in-trust collection destructive analysis loan.

INVENTORY ACTIVITY:

MISSING OBJECT(S):

TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Catalog number of object:
Date object discovered missing:
Is an image available for identification and recovery purposes outside of the facility?

**Repeat above information for each missing state-associated held-in-trust object.

STOLEN OBJECT(S):

TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Catalog number of object:
Date object discovered stolen:
Is an image available for identification and recovery purposes outside of the facility?

**Repeat above information for each stolen state-associated held-in-trust object.

INVENTORY

Type of inventory (comprehensive, spot-check, relocation):
TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Range of catalog numbers assigned to the inventoried collection:
Date of inventory:
Results of inventory by category of material:
Discrepancies and problems encountered:
General condition of inventoried collection:

**Repeat above information for each state-associated held-in-trust collection or object inventoried.
CONSERVATION ACTIVITY:

TAC Permit No. or HIT Collection name (if not permitted):
Accession No.:
Catalog number of object:
Type of treatment undertaken:
Date of treatment:
Results of treatment:
Problems encountered:
Current condition of object:

Please submit a copy of the letter signed by THC approving in advance the treatment proposal if other than types of approved categories in certification letter agreement.

**Repeat above information for each state-associated held-in-trust collection or object conserved.