THE NEW YORK STATE PROGRAM FOR THE CONSERVATION AND PRESERVATION OF LIBRARY RESEARCH MATERIALS

The Discretionary Grant Application Process
ELIGIBILITY

Eligible agencies include those that have been:

✓ chartered by the Board of Regents of the State of New York; OR
✓ accepted by the Board of Regents for filing under not-for-profit sections (section 216) of the Education Law; OR
✓ registered with the office of Charities of the New York State Department of State; OR
✓ granted not-for-profit status under section 501(c)(3) of the United States Internal Revenue code.
NOT ELIGIBLE

✓ The 11 designated comprehensive research libraries

✓ Institutions wholly or in part under the control of direction of any religious denomination, in which any denominational tenet of doctrine is taught, are constitutionally ineligible to receive State financial assistance.

✓ New York State agencies and collections which are part of State agencies, including New York State Historic Sites. However, State University of New York (SUNY) colleges are eligible to receive discretionary grant funds.
Eligible Expenditures

Expenditures may include:

- personnel costs
- service and consultant contracts
- supplies and equipment for project activities, or other activities

All expenditures of discretionary grant funds, whether for personnel, contracted services, supplies, equipment, or others, must be for preservation activities described under FUNDABLE ACTIVITIES.
Ineligible Expenditures

Funds will not be awarded for activities or expenditures judged to be the ordinary responsibility of the institution. These activities include (among others):

- General operating expenses, indirect costs or overhead charges
- The acquisition of library research materials in any format, either to add to the collection or to replace deteriorated materials by purchase of reprints or microforms
- Capital expenditures for building construction or modification
- Providing standard library shelving
- Physical processing
- Basic disaster planning
- Microform readers
- Computer equipment
- Basic security measures such as burglar alarms, locks, fire extinguishers, etc.
- Salaries and/or benefits for existing personnel
FUNDABLE ACTIVITIES
Planning & Screening

Includes:
• Item level surveys
• DHPSNY

Does NOT Include:
• Initial preservation planning
FUNDABLE ACTIVITIES
Environmental Controls & Storage

Includes:
• Upgrading mechanical HVAC
• Special shelving or storage furnishings

Does NOT include:
• Stop-gap measures
• Standard library shelving
FUNDABLE ACTIVITIES
Reformatting- Microforms

Includes:

• Preservation quality microfilm
• Preservation quality microfiche
• Color microforms

Does NOT include:

• Microform readers or readers/printers
FUNDABLE ACTIVITIES

Reformatting- Non-microforms

*includes:*
- Photographic negative duplication
- Copy prints of photographic images
- Sound recordings
- Photocopying (sometimes)

*Does NOT include:*
- Digitization
- Video tapes
- Cassette tapes
- Photocopying (usually)
FUNDABLE ACTIVITIES

Physical Treatment

*Includes*: 
- Collection cleaning projects 
- Protective enclosures 
- Rebinding, minor repairs & mending 
- Major conservation treatments

*Does NOT include*: 
- Basic housekeeping 
- Physical processing 
- Learning-by-doing projects
FUNDABLE ACTIVITIES

Bibliographic Activities

*Includes:*

- Limited to 10% of the grant award
- Only when closely connected to preservation work itself
FUNDABLE ACTIVITIES

Other Fundable Activities

*Includes:*
- Disaster recovery
- Research
- Specialized training
- Preservation Informational materials

*Does NOT include:*
- Preparing disaster plans
- Purchasing emergency supplies
- Exhibitions
- Publishing guides or catalogs
APPLICATION
APPLICATION

Conservation/Preservation Discretionary Applications are now online

https://eservices.nysed.gov/LDGrants

You must have a NYSDS username and password to login!

https://eservices.nysed.gov/ldgrants/ldgext/diRegistration.do
Register for username and password

• Fill out your name, contact information, and institution information.
• Your account will have access to C/P Discretionary grants only for the institution you specify.
• Account information will be sent via email within 48 hours.

Register Early!!!!!!
The New York State Discretionary Grant Program for the Conservation and Preservation of Library Research Materials

The new application cycle is open for C/P Discretionary grants 2019-20; Applications for the new cycle are due by 5:00 p.m. November 9, 2018.

The New York State Program for the Conservation and Preservation of Library Research Materials Discretionary Grant Program application is no longer issued in paper. For the 2019-2020 grant cycle, all applications must be submitted through our web-based application program. Please go to the Online Grant System Account Registration Form (opens in a new window) to register to receive a user name and password to access the online grant application system. You will need a user name and password to submit an application.

Conservation/Preservation Discretionary Grant Guidelines and Application

Master Contract for Grants (2019-2020) [141k]

Please Note: New York State has implemented a prequalification requirement for not-for-profit entities applying for grants. Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 5:00 p.m. on 11/09/2018 cannot be evaluated. Such proposals will be disqualified from further consideration. Even if you have prequalified in the past please be sure you have completed the necessary steps to maintain a Prequalified Status.

Prequalification requirement information and instructions
All applicants are required to comply with NYSED’s Minority and Women-Owned Business Enterprises (M/WBE) participation goals for this grant. (Applications for grant funding that exceed $25,000 for the full grant period.)

- **M/WBE Instructions**

Grant-Writing Workshop PowerPoint presentation:  
[PowerPoint slide show format](http://www.nysl.nysed.gov/libdev/cp/) [2.44m]  
[PDF format](http://www.nysl.nysed.gov/libdev/cp/) [1.77m]

**Frequently Asked Questions**

The Conservation/Preservation Program provides State funding for libraries and other organizations engaged in efforts to preserve deteriorating library research materials. The program was established as part of the landmark 1984 library legislation and was expanded in 1986 and 1990. [SEE: Education Law, Section 273.7](http://www.nysl.nysed.gov/libdev/cp/) It is administered by the New York State Library’s Division of Library Development. The purposes of the Conservation/Preservation program are to encourage the proper care and accessibility of research materials, to promote the use and development of guidelines and technical standards for conservation/preservation work, and to support the growth of local and cooperative activities within the context of emerging national preservation programs.

**Grants Information**

- **Research Materials Discretionary Grant Awards**
In order to apply for the Division of Library Development Conservation/Preservation Discretionary Grant Aid through the new Online Grant System, you must have a NYS Directory Service account. If you do not have a NYS Directory Service account, then complete the form below to register for an account.

If you already have a NYS Directory Service account, proceed to the Online Grant System.

**Login to Online Grant System**

### Register for a NYS Directory Service account

Fields marked with an (*) are required.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Work Email</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Institution Name</td>
<td></td>
</tr>
<tr>
<td>Library/Archive Name</td>
<td></td>
</tr>
<tr>
<td>Institution Address</td>
<td></td>
</tr>
</tbody>
</table>
Complete Registration Form

<table>
<thead>
<tr>
<th>*Institution Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>*City</td>
<td></td>
</tr>
<tr>
<td>*State</td>
<td></td>
</tr>
<tr>
<td>*Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

Enter the county, school district, and Federal ID of the institution you represent. If unknown, enter N/A in the corresponding box.

<table>
<thead>
<tr>
<th>County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School District</td>
<td></td>
</tr>
<tr>
<td>Federal ID Number</td>
<td></td>
</tr>
</tbody>
</table>

Should this account have read, edit or submit access to online grant applications?

- [ ] Read
- [ ] Edit
- [ ] Submit

If you have any questions regarding the C/P Discretionary grant program please contact the Conservation/Preservation Program Administrator Barbara Lilley at blilley@mail.nysed.gov or 518-486-4864.

Go to the [Conservation/Preservation Program page](#) | Go to Library Development [home page](#)
http://eservices.nysed.gov/LDGrants

Login Page
Choose a Grant Program

Welcome to the New York State Library, Division of Library Development Online Grant System: shusak

These are the grant programs you may apply for:
Conservation/Preservation - Discretionary Application

Conservation/Preservation Grant Updates

Cultural Education Center, Albany, New York 12230. Phone: (518) 474-7890
Application Home Page

Guidelines

Link to Create new application

Links to cooperating applications
Navigating the Online Application

![Image of an online application interface with a menu for Initial Application Forms and Final Report Forms.]
CHECKLIST
Warning: The due date (11/03/2017) for this application has expired. You may not submit a new application for this fiscal year.

<table>
<thead>
<tr>
<th>Application Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Number</strong></td>
</tr>
<tr>
<td><em>Coversheet</em></td>
</tr>
<tr>
<td><em>Project Narrative</em></td>
</tr>
<tr>
<td><em>Project Budget</em></td>
</tr>
<tr>
<td><em>Institutional Authorization Form</em></td>
</tr>
<tr>
<td><em>FS-10 Form</em> 3 original FS-10 Forms must be completed and mailed*</td>
</tr>
<tr>
<td>Attachments/Uploads</td>
</tr>
<tr>
<td><em>Payee Information Form</em></td>
</tr>
<tr>
<td><em>Cooperative Agreement Form (if applicable)</em></td>
</tr>
<tr>
<td><em>Microform Guidelines Form (if applicable)</em></td>
</tr>
<tr>
<td><strong>NEW: (REQUIRED) Prequalification requirement for not-for-profit entities applying for grants</strong></td>
</tr>
<tr>
<td><strong>NEW: (REQUIRED) M/WBE Requirement</strong> - only for an application for grant funding that exceeds $25,000 for the full grant period</td>
</tr>
<tr>
<td>• Not Applicable</td>
</tr>
<tr>
<td>• Full Participation</td>
</tr>
<tr>
<td>• Partial Participation, Partial Request for Waiver</td>
</tr>
<tr>
<td>• No Participation, Request for Complete Waiver</td>
</tr>
</tbody>
</table>

Due Date for new applications: 11/03/2017
Final Report Checklist

<table>
<thead>
<tr>
<th>Final Report Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Report Narrative</td>
</tr>
<tr>
<td>Project Budget</td>
</tr>
<tr>
<td>(Expenses Submitted)</td>
</tr>
<tr>
<td>Final Report Sign-off</td>
</tr>
<tr>
<td>FS-10-F Form</td>
</tr>
<tr>
<td>3 original FS-10-F Forms must be completed and mailed</td>
</tr>
<tr>
<td>Attachments/Uploads</td>
</tr>
<tr>
<td>FS-10-A Form</td>
</tr>
<tr>
<td>(Optional - 3 original FS-10-A Forms completed and mailed only if there is an amendment to the approved project budget)</td>
</tr>
</tbody>
</table>

Save Progress

Submit

Due Date for final reports: 07/15/2019

View Application Submission/Approvals
View Reviewer Comment/Scores

Please use the following links to print or save your application to your desktop:

- Coversheet HTML
- Narratives HTML
- Budget HTML
- Coversheet PDF
- Narratives PDF
- Budget PDF
Coversheet

Institution information is pulled from SEDREF database

Your username/password is associated with an institution
Coversheet- Religious Affiliation and Institutional Eligibility

Eligibility

Is Institution Affiliated with Religious Denomination?
- Yes
- No

Institutional Eligibility:
- Chartered by the Board of Regents of NYS
- Accepted by the Board of Regents of the State of New York for filing under the not-for-profit section (Section 216) of the Education Law
- Registered with the Office of Charities of the NYS Department of State
- Granted not-for-profit status under section 501(c)(3) of the United States Internal Revenue Code
- Other

Date: format mm/dd/yyyy
Coversheet - Project Information

Project Manager Information

Project Title

Type Summary Description here.....

Save button
NARRATIVES
Narratives

Type narrative here.....

Links to each of the Project Narrative categories

Save button
I. Description of Institution or Agency

A. Size of the institution’s operation

Topics

- Annual budget
- FTE staff
I. Description of Institution or Agency

B. The agency’s total collection of library research materials

Topics

- Quantity of materials
- Types of materials
- Collecting policy
- Number of items acquired & amount expended in the last year
- Other relevant background information
II. Institutional Commitment To Conservation/Preservation

A. Institutional conservation/preservation activities

Topics

☑ Current and long-range preservation plans
☑ Surveys?
☑ Institutional funding for preservation
☑ Other sources of funding
II. Institutional Commitment To Conservation/Preservation

B. Environmental conditions in which preserved materials will be stored

Topics

✓ Extent of existing controls

✓ Possibility or plans for improvement
II. Institutional Commitment To Conservation/Preservation

c. Preparations for disaster

Topics

✔ Written disaster plan?

✔ Available resources
II. Institutional Commitment To Conservation/Preservation

D. Security arrangements for protecting the collection

Topics

✓ Theft
✓ Mutilation
✓ Inappropriate use
II. Institutional Commitment To Conservation/Preservation

E. Participation in cooperative or regional conservation/preservation activities

Topics

✅ Cooperative projects
✅ Shared cons/pres staff or facilities
✅ Bibliographic databases
✅ Participation in regional preservation activities
III. Accessibility of Collections to the Public

A. Access policies and practices of the institution

Topics

✓ Hours Open
✓ Number of patrons
✓ Items loaned or used on site
✓ Cooperative access programs
III. Accessibility of Collections to the Public

B. Cataloging or other forms of bibliographic control

Topics

✓ Type of cataloging or arrangement
✓ Use of regional or national databases
✓ Use of other standard bibliographic resources
III. Accessibility of Collections to the Public

C. Ownership of materials

Topics

☑ Owned by institution
☑ Copy of deposit agreement
IV. Research Value of Materials To Be Preserved

A. Description of materials to be preserved with grant funds

Topics

✓ Subject area or content
✓ Format (books, mss, photos, maps, etc.)
✓ Quantity of materials
✓ Condition and specific preservation problems
✓ Type of research for which materials are likely to be used
IV. Research Value of Materials To Be Preserved

B. Significance of materials for research

Topics

- Relevance to the institution’s collections
- Demand for the materials by researchers
- Short-term topical interest?
- Long-term historic interest?
- Scope of interest -- local, regional, national, or international
- Informational value or artifactual value, or both?
- Similar collections elsewhere?
V. Plan of Work

A. The timetable for the project

**Topics**

- ✔ Beginning date
- ✔ Hiring date and duration of work for new personnel
- ✔ Schedules for existing staff
- ✔ Contractual work schedules
- ✔ Schedule for all other significant project activities
V. Plan of Work

B. Conservation/preservation activities to be carried out during the project

Topics

☑ Work to be performed

☑ Materials and techniques to be used

☑ Vendor proposals and cost estimates
V. Plan of Work

C. Personnel and vendors involved in the project

Topics

✔ Project manager
✔ Personnel to be hired
✔ Existing staff to be used
✔ Consultants
✔ Vendors
✔ Qualifications
VI. Institutional Contribution to the Project

A. Contributions of staff time

Topics

✔ Time existing staff will spend directly on project activities
VI. Institutional Contribution to the Project

B. Financial contribution towards overall project costs

Topics

✔ Portion of total project budget to be provided by the institution
Documents/ Attachments

- Bids
- Resumes
- Institutional Authorization Form
- Final Report Signoff
- Microform Guidelines Form
- Cooperative Agreement Form
Uploading Documents

1. Browse for document
2. Enter Description
3. Click Upload
BUDGET
Column A: Project Total

Column B: Institutional Contribution

Column C: Grant Request
Navigating the 5 Budget Tabs

Add Record

Budget Tabs

Budget Totals
### Project Budget - I Personal Services

List all persons to be employed by the project and their titles. After each entry indicate the full-time annual salary rate (even if the position is not full-time) and FTE rate.

<table>
<thead>
<tr>
<th>I. Personal Services</th>
<th>II. Employee Benefits</th>
<th>III. Contracted Services</th>
<th>IV. Supplies, Materials &amp; Equipment</th>
<th>V. Travel Expenses</th>
</tr>
</thead>
</table>

**Add** Save any changes first before adding a new record.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary/Wage</th>
<th>FTE/Hour ex. 1.0</th>
<th>Salary<em>FTE or Wage</em>Hours</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Director</td>
<td>$24,525</td>
<td>0.12</td>
<td>$2,943</td>
<td>Professional</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ProjTotal</th>
<th>InstContrib</th>
<th>AmtRequested</th>
<th>AmtApproved</th>
<th>ExpSubmitted</th>
<th>ExpApproved</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$2,000</td>
<td>$943</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Personal Service Totals**

<table>
<thead>
<tr>
<th>Project Total</th>
<th>Inst Contrib.</th>
<th>Amount Requested</th>
<th>Amount Approved</th>
<th>Expense Submitted</th>
<th>Expense Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,943</td>
<td>$2,000</td>
<td>$943</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
### Project Budget
#### II. Employee Benefits

List all persons to be employed by the project as described under “Personal Services.” Provide the total amount of State Aid funds to be used to provide benefits for each person.

<table>
<thead>
<tr>
<th>Name</th>
<th>Benefits Percentage (decimal)</th>
<th>Salary*FTE</th>
<th>BenefitsAmt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>0.09</td>
<td>2,943</td>
<td>$264</td>
</tr>
</tbody>
</table>

**Project Benefits Totals**

- **Project Total Inst Contrib.** $0
- **Amount Requested** $0
- **Amount Approved** $0
- **Expense Submitted** $0
- **Expense Approved** $0

**Total Benefits** $264
Project Budget - III Contracted Services

Consultant: Adam Advice

- **2 days @ $300**
- **$600**

Contract: Microfilming Inc

- **400 pieces**
- **$4000**
Project Budget

IV. Supplies, Materials & Equipment

List all supplies and materials to be purchased for use during the project, do not include supplies to be purchased by your vendor.

- Equipment items under $5,000 should be budgeted under "Supplies and Materials".
- Items that have a unit cost of $5,000 or more that will be purchased for use during the project should be budgeted under "Equipment".

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Unit Price</th>
<th>Quantity * Price</th>
<th>Vendor</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>folders</td>
<td>0.15</td>
<td>$150</td>
<td>Gaylord</td>
<td>Supplies &amp; Materials</td>
</tr>
<tr>
<td>200</td>
<td>boxes</td>
<td>3.00</td>
<td>$600</td>
<td>Hollinger</td>
<td>Supplies &amp; Materials</td>
</tr>
</tbody>
</table>
### Project Budget - VI Travel Expenses

List project expenses that relate to travel. All expenses listed in this section must be fully described in the Project Description.

<table>
<thead>
<tr>
<th>Description</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel to vendor</td>
<td>Finalize contract</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Inst Contrib</th>
<th>AmtRequested</th>
<th>AmtApproved</th>
<th>ExpSubmitted</th>
<th>ExpApproved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$0</td>
<td>$500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Travel Expense Totals

<table>
<thead>
<tr>
<th>Description</th>
<th>Inst Contrib</th>
<th>Amount Requested</th>
<th>Amount Approved</th>
<th>Expense Submitted</th>
<th>Expense Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Grand Totals for all Budget Categories

<table>
<thead>
<tr>
<th>Description</th>
<th>Inst Contrib</th>
<th>Amount Requested</th>
<th>Amount Approved</th>
<th>Expense Submitted</th>
<th>Expense Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Total</td>
<td>$7,807</td>
<td>$5,507</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Add** Save any changes first before adding a new record.

**Save Travel Expenses**
Institutional Authorization Form

Institutional Authorization

Conservation/Preservation Discretionary Grant Project

I hereby certify that I am the applicant’s chief administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, the Master Grant Contract terms and conditions, and that the requested budget amounts are necessary for the implementation of this project. All materials whose preservation is supported by funds from the State are, or will be, made available for reference, on-site examination and/or loan. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Project Title:
President of Applicant Institution

<table>
<thead>
<tr>
<th>signed</th>
<th>type name</th>
<th>date</th>
</tr>
</thead>
</table>

Director of Library/Archives

<table>
<thead>
<tr>
<th>signed</th>
<th>type name</th>
<th>date</th>
</tr>
</thead>
</table>

Print and Sign this Form

Instructions
The Authorization Form must be printed and signed. Then scan the signed form and upload the form to your application as an attachment. Attach the form as a document/attachment to your grant application. Please put Institutional Authorization as the description for your attachment.
View PDF version of Institutional Authorization Form
Submit the Application

Checklist

Application Checklist

<table>
<thead>
<tr>
<th>Project Number</th>
<th>0305-08-0655</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coversheet</td>
<td>View</td>
</tr>
<tr>
<td>Project Narrative</td>
<td>View</td>
</tr>
<tr>
<td>Project Budget</td>
<td>View</td>
</tr>
<tr>
<td>3 Copies of the FS 10 must be completed and mailed</td>
<td>View</td>
</tr>
<tr>
<td>Institutional Authorization</td>
<td>View</td>
</tr>
</tbody>
</table>

Save Progress

Submit

Due Date for new applications: 09/05/2008
Confirm Submission

1. Look for any incomplete narratives
2. Click Submit
3. Use link at bottom to print or save your application.
The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
(see instructions for mailing address) 

FINAL EXPENDITURE FOR A  
FEDERAL OR STATE PROJECT  
FS-10-F Long Form (03/15)  
Project Number: 0305-17-1234

Local Agency Information

Conservation/Preservation Discretionary Grants

Funding Source:

Fiscal Year

Report Prepared By: Beatrice Bibliophile

Agency Name: Booktown Public Library

Mailing Address

City, State: Booktown, NY 00011

County: New York

Telephone #: 518-111-1234

Email Address: bbiblio@booktownlibrary.org
**Salaries for Professional Staff: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

<table>
<thead>
<tr>
<th>Specific Position Title</th>
<th>Full-Time Equivalent</th>
<th>Annualized Rate of Pay</th>
<th>Project Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal - Code 15

---

**Salaries for Support Staff: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

<table>
<thead>
<tr>
<th>Specific Position Title</th>
<th>Full-Time Equivalent</th>
<th>Annualized Rate of Pay</th>
<th>Project Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservation Technician</td>
<td></td>
<td></td>
<td>$5,000</td>
</tr>
</tbody>
</table>
### PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Provider of Services</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microfilming Services, Inc.</td>
<td></td>
<td></td>
<td>$4,000</td>
</tr>
</tbody>
</table>

**Subtotal - Code 40**

$4,000

### SUPPLIES AND MATERIALS: Code 45

Include computer software, library books and equipment items under $5,000 per unit.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archival document boxes</td>
<td>1</td>
<td>3.00</td>
<td>$600</td>
</tr>
<tr>
<td>Photonegative envelopes</td>
<td>1</td>
<td>.50</td>
<td>$150</td>
</tr>
<tr>
<td>Neutral pH photo storage boxes</td>
<td>1</td>
<td>3.00</td>
<td>$600</td>
</tr>
<tr>
<td>pHase box maker</td>
<td>1</td>
<td>700</td>
<td>$700</td>
</tr>
</tbody>
</table>
**Travel Expenses: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

<table>
<thead>
<tr>
<th>Position of Traveler</th>
<th>Destination and Purpose</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal - Code 46

**Employee Benefits: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td>New York State Teachers</td>
</tr>
<tr>
<td></td>
<td>New York State Employees</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>Other (Identify)</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal - Code 80
INDIRECT COST: Code 90

A. Direct Cost Base - Sum of all preceding subtotals (codes 15, 16, 40, 45, 46 and 80).
B. Approved Restricted Indirect Cost Rate
C. \((A) \times (B) = \text{Total Indirect Cost}\) Subtotal - Code 90

PURCHASED SERVICES WITH BOCES: Code 49

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>Name of BOCES</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal - Code 49

MINOR REMODELING: Code 30

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

<table>
<thead>
<tr>
<th>Description of Work To be Performed</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EQUIPMENT: Code 20

All equipment to be purchased in support of this project with a unit cost of $5,000 or more should be itemized in this category. Equipment items under 5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
</table>

Subtotal – Code 20
Helpful Reminders

• Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.

• An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.

• Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.

• School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.

• The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding $25,000 and any flow through funds.

• Only equipment items with a unit cost of $5,000 or more should be included under Equipment, Code 20.

• Be sure to complete the Agency Code and Project # on Page 8 as well as the Project #, if pre-assigned. For Special Legislative projects and Grant Contracts, also enter the Contract #.

• For ease of data entry at the State Education Department, please make sure that Page 8 faces out. Submit forms to the State Education Department Program Office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to the Grants Finance Unit.
### BUDGET SUMMARY

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>CODE</th>
<th>PROJECT COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Salaries</td>
<td>15</td>
<td>$0.00</td>
</tr>
<tr>
<td>Support Staff Salaries</td>
<td>16</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>40</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Supplies and Materials</td>
<td>45</td>
<td>$2,050.00</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>46</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>80</td>
<td>$0.00</td>
</tr>
<tr>
<td>BOCES Services</td>
<td>49</td>
<td>$0.00</td>
</tr>
<tr>
<td>Minor Remodeling</td>
<td>30</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>20</td>
<td>$0.00</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>$11,050.00</td>
</tr>
</tbody>
</table>

---

### CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date: __________________________ Signature: __________________________

Name and Title of Chief Administrative Officer

---

### For Department Use Only

- **Agency Code**: 0000000000000
- **Project #**: 0305-17-1234
- **Contract #**: [Blank]
- **Federal Employer ID #**: 131234567
- **Agency Name**: Booktown Public Library
- **Funding Dates**: 07/01/2016 to 06/30/2017
- **Program Approval**: [Blank]
- **Date**: [Blank]

---

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount Budgeted</th>
<th>First Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voucher #</td>
<td>First Payment</td>
<td></td>
</tr>
<tr>
<td>Log</td>
<td>Approved</td>
<td>MIR</td>
</tr>
</tbody>
</table>
PAYEE INFORMATION

In order to receive funds from the NYS Education Department, ALL SECTIONS of the Payee Information/PI Form AND of the NYSED Substitute W-9 Form (required only if your agency does not have/ knows its NYS Vendor Identification Number) will need to be completed and returned with original signature(s) to the Education Department program office to which your agency’s grant application was sent.

Please print or type all information

Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Name & E-mail Address

Federal Employer Identification Number (FEIN):

NYS Vendor Identification Number:

Federal System for Award Management/SAM – Is your Agency Registered?
(Please note that your agency MUST be registered in SAM ( & must maintain a CURRENT registration) in order to be awarded federal funds.)

☐ Yes, then provide the following:
   (1) Expiration Date on SAM: ____________________
   (2) Data Universal Numbering System/DUNS Number used to register:

☐ No

***If you do not know your agency’s NYS Vendor Identification Number, follow the specific instructions under Section I(c).***
***If you do not know your agency’s NYS Vendor Identification Number, follow the specific instructions under Section I(c).***

---

**Section II: Agency Profile**

1. This agency is a (check one)  
   - [ ] Non-Profit Organization  
   - [ ] For Profit Organization

2. This agency is a (check one)  
   - [ ] Sectarian Organization  
   - [ ] Non-sectarian Organization

3. Is this agency chartered or incorporated by the New York State Board of Regents? (Check one)  
   - [ ] Yes  
   - [ ] No

**Section III: Certification**

I hereby certify that the information herewith provided is to the best of my knowledge both accurate and true.

__________________________
Chief Administrative Agency Official/Authorized Designee (Please Print)

__________________________
Title

__________________________
Signature - Chief Administrative Agency Official/Authorized Designee

__________________________
Date
General Reports
Search Discretionary Awards by Year

C/P Discretionary Data

Find information about prior year Discretionary grant projects

View Discretionary Aid award list for a Fiscal year
Fiscal year: 2007

Search Discretionary Aid projects by Title
Title

Search Results

<table>
<thead>
<tr>
<th>Institution</th>
<th>American Museum Of Natural History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project</td>
<td>Scientific Art on Paper Stabilization and Rehousing Project</td>
</tr>
<tr>
<td>City</td>
<td>New York</td>
</tr>
<tr>
<td>County</td>
<td>New York</td>
</tr>
<tr>
<td>Award</td>
<td>$29,086</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Barbara Rhodes</td>
</tr>
<tr>
<td>Phone</td>
<td>(212) 769-5424</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:rhodes@amnh.org">rhodes@amnh.org</a></td>
</tr>
</tbody>
</table>
Search by Keyword in Title

C/P Discretionary Data

Find information about prior year Discretionary grant projects

View Discretionary Aid award list for a Fiscal year
Fiscal year 2007

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</tr>
</tbody>
</table>