The New York State Program for the Conservation and Preservation of Library Research Materials

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Web Site: http://www.nysl.nysed.gov/libdev
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.
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.
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:

- General conservation surveys
- Consultancies
- Selection of materials

Does NOT include:

- initial preservation planning
**FUNDABLE ACTIVITIES**

2. **Environmental Controls & Storage**

**Includes:**
- Upgrading mechanical HVAC systems
- Special shelving or storage furnishings

**Does NOT include:**
- Stop-gap measures
- Standard library shelving
3 Reformatting -- Microforms

Includes:

- Preservation quality microfilm
- Preservation quality microfiche
- Color microforms

Does NOT include:

- Microform readers or reader/printers
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**

5

**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
Bibliographic Activities

Includes:

- Limited to 10% of the grant award
- Only when closely connected to preservation work itself
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
• Conservation/Preservation Discretionary Applications are now online
  
  http://eservices.nysed.gov/LDGrants/index.jsp

• You must have a NYSDS username and password to login!
  
  http://eservices.nysed.gov/LDGrants/ldgext/discRegister.jsp
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!!!!!
Online Grant System Account Registration Form

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.

*First Name

*Last Name

*Title

An email will be sent to the Work Email listed below containing the account name/password for the Online Grant System.

*Work Email

*Work Phone

*Institution Name

Library/Archive Name

*Institution Address
*Institution Address
Address Line 2
*City
*State
*Zip Code

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

County
School District
Federal ID Number

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 billey@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/index.jsp

ACCEPTABLE USE POLICY FOR USERS OF NYeNet APPLICATIONS

This application uses the Central Directory Service of NYeNet for authentication and authorization. In addition to any obligations arising under acceptable use policies implemented by NYeNet Participating Organizations, logging into this application indicates your agreement to abide by the following:

1. You shall use this application only for purposes directly related to the conduct of official business and the application shall not be used for nonpublic purposes including, but not limited to, the pursuit of personal activities, the mass distribution of unsolicited messages ("spamming"), and the promotion of commercial ventures or religious or political causes;
2. You shall be responsible for any activity attributable to the use of your account whether by you or any other person;
3. You shall not engage in activities that may cause interference with or disruption to any network, information service, equipment or user thereof;
4. You shall comply with all applicable confidentiality and security requirements and shall not seek information on other users or attempt to obtain access to, copy, or modify other users' files without express permission;
5. You shall not violate the rights of any person or entity protected by copyright, trade secret, patent, or other similar laws or regulations;
6. You shall not use this application for any illegal purpose, including, but not limited to, the transmission of obscene or harassing materials; and
7. You must report any abuse or misuse of this application to OIT and you shall cooperate fully in any investigation into any such abuse or misuse.

Please Login

Username: 
Password: 
Login

I forgot my password
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
The New York State Program for the Conservation and Preservation of Library Research Materials
Discretionary Aid Program

Guidelines

Create a new Discretionary Aid grant application for FY 07-08 Create new application

Links to cooperating applications

Links to cooperating applications

Please contact the Conservation/Preservation Program Administrator, Barbara Lilley, with any questions. 518-486-4864 or bliley@mail.nysed.gov
Navigating the Online Application

Initial Application Forms

Final Report Forms
CHECKLIST
Initial 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>

Due Date for new applications: 09/05/2008
Final Report Checklist

- Completed Final Report Narrative
- Completed Project Budget (Expenses Submitted)
- 3 Copies of the FS-10-F must be completed and mailed
- Final Report Sign-off

Optional FS-10-A Form - 3 copies completed and mailed only if there is an amendment to the approved project budget

Print/Save application links

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
Coversheet

Institution information is pulled from SEDREF database.

Your username/password is associated with an institution.
Religious Affiliation and Institutional 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
<table>
<thead>
<tr>
<th>Project Manager Information</th>
<th>Project Title</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>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Project Title</td>
<td></td>
</tr>
</tbody>
</table>

Summary description of proposed preservation activities: (5-10 sentences). The summary should be brief, but should provide a clear, publishable statement of how you intend to use State Aid funds.

Type Summary Description here.....

Save button
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?
☑ Institutional priorities
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
VII. Education Pre-Planning

A. Need for the proposed Training

Topics

- Have institutions committed to sending staff?
- Were local institutions surveyed on their preservation education needs?
B. Training objectives

Topics

- What information should the attendees leave the training with?
- Are there activities they will conduct After the workshop?
VII. Education Pre-Planning

C. Publicity

Topics

Will listservs, mailing lists, newsletters be used?

How will wide publicity to all eligible institutions be achieved?
VII. Education Pre-Planning

D. Information dissemination

Topics

☑ Will a publication be created?
☑ Will the training materials be shared on a web site?
Documents/ Attachments

- Bids
- Resumes
- Institutional Authorization Form
- Final Report Signoff
- Microform Guidelines Form
- Cooperative Agreement Form
Choose a document to upload to the database.
## Conservation/Preservation Discretionary Grant Program

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Total</td>
<td>Institutional Contribution</td>
<td>Grant Request</td>
</tr>
</tbody>
</table>

**BUDGET**
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>Name</th>
<th>Title</th>
<th>Salary/Wage</th>
<th>FTE/Hours ex. 1.0</th>
<th>Salary<em>FTE or Wage</em>Hours 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>
</tr>
</tbody>
</table>

- **ProjTotal**: $2,943
- **InstContrib**: $2,000
- **AmtRequested**: $943

### Personal Service Totals

- **Project Total**: $2,943
- **Inst Contrib**: $2,000
- **Amount Requested**: $943
- **Amount Approved**: $0
- **Expense Submitted**: $0
- **Expense Approved**: $0
## 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>BenefitsAmount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>0.09</td>
<td>2,943</td>
<td>$264</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>$0</td>
<td>$264</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

---

**Employee Benefits 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>$264</td>
<td>$0</td>
<td>$264</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
## Project Budget

### III. Contracted Services

List all services to be purchased for the project. These include:

- **Consultant Services**: Professional and technical advice that will be provided by individuals or groups of individuals. Consultants are normally retained for a short period to provide advice about specific aspects of the project. Consultants are normally expected to provide a report of their activities, usually at a time agreed upon before the consultancy begins.

- **Contractual Agreements**: Professional or technical activities that will be performed by commercial vendors or qualified individuals. Contractual services are normally used for project activities that cannot be carried out by the institution, or for those activities that can be more economically performed by firms or individuals specializing in a particular service.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Consultant/Vendor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>consultant</td>
<td>Adam Advice</td>
<td>2 days @ $300</td>
</tr>
<tr>
<td></td>
<td>$600</td>
<td>InstContrib $300 AmtRequested $300 AmtApproved $0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Consultant/Vendor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>contract</td>
<td>Microfilming Inc.</td>
<td>400 pieces</td>
</tr>
<tr>
<td></td>
<td>$4000</td>
<td>InstContrib $0 AmtRequested $4000 AmtApproved $0</td>
</tr>
</tbody>
</table>

---

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

Save Contract Expenses
### 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>ProjTotal</td>
<td>Inst Contrib</td>
<td>Amt Requested</td>
<td>Amt Approved</td>
<td>Exp Submitted</td>
<td>Exp Approved</td>
</tr>
<tr>
<td>$0</td>
<td>$150</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<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>200</td>
<td>boxes</td>
<td>3.00</td>
<td>$600</td>
<td>Hollinger</td>
<td>Supplies &amp; Materials</td>
</tr>
<tr>
<td>ProjTotal</td>
<td>Inst Contrib</td>
<td>Amt Requested</td>
<td>Amt Approved</td>
<td>Exp Submitted</td>
<td>Exp Approved</td>
</tr>
<tr>
<td>$0</td>
<td>$600</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

[Save Supply Expenses]
### 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>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>$0</td>
<td>$500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Save Travel Expenses**

**Travel Expense Totals**

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

**Grand Totals for all Budget Categories**

- **Project Total**: $7,807
- **Inst Contrib**: $2,300
- **Amount Requested**: $5,507
- **Amount Approved**: $0
- **Expense Submitted**: $0
- **Expense Approved**: $0

**Done**
Institutional Authorization Form

Institutional Authorization

Conservation/Preservation Discretionary Grant Project

The undersigned hereby give assurance to the New York State Education Department that the statements in the preceding application are true and correct to the best of their knowledge, information, and belief, and that all materials whose preservation treatment 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: [Name of Project]
President of Applicant Institution

signed
[Name]
type name
[Date]

Director of Library/Archives

signed
[Name]
type name
[Date]

Instructions
The Authorization Form must be printed and signed. Then scan the signed form and upload the form to your application as an attachment. The Authorization Form may be uploaded to the application using the Add Document page. Please put Institutional Authorization as the description for your uploaded attachment. View PDF version of Institutional Authorization Form.
Submit the Application

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Application Checklist

<table>
<thead>
<tr>
<th>Project Number</th>
<th>0305-08-0655</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coversheet</td>
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<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

Confirm Application Submission

Submit Application

If you submit the application you will no longer be able to edit it.
If your application is complete and accurate, click the Submit button.
Remember to mail 3 copies of the FS-20 form and 1 copy of the Payee Information Form to the Division of Library Development.
Forms must have original signatures in blue ink.

Warning: The following narratives were not completed. If the narrative does not apply to your project - please put 'Not applicable' in the corresponding narrative box on the Project Narrative page.

- Access policies and practices of Institution
- Ownership of Materials
- Bibliographic Control
- C/P Activities
- Timetable of the Project
- Personnel and Vendors

Do you want to submit the application?
Submit  Cancel

Please use the following link to print or save your completed application in HTML format.
C/P Discretionary Application - HTML
### Local Agency Information

**C/P Discretionary Grant Program**

<table>
<thead>
<tr>
<th>Funding Source:</th>
<th>Beatrice Bibliophile, Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Booktown Public Library</td>
</tr>
<tr>
<td>Agency Name:</td>
<td>111 Library Lane</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>(518) 111-1111 Booktown, NY 00001</td>
</tr>
<tr>
<td>Telephone #:</td>
<td><a href="mailto:bbiblio@booktown.com">bbiblio@booktown.com</a></td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td>July 1, 2006 - June 30, 2007</td>
</tr>
</tbody>
</table>

### Project Operation Dates:

- July 1, 2006
- June 30, 2007
**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>

**Subtotal - Code 16** $5,000
**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><strong>Microfilm Services, Inc.</strong></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>0.50</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>

Subtotal - Code 45 $2,050
**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></td>
</tr>
<tr>
<td>New York State Teachers</td>
<td></td>
</tr>
<tr>
<td>New York State Employees</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></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) x (B) = Total Indirect Cost  

TOTAL - 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>

TOTAL - 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>

TOTAL - Code 30
**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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 the Grants Finance Unit 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.

- 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 on Page 8 as well as the Project #, if pre-assigned.

- For Special Legislative projects, please enter the Tracking/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 as follows:

  Application, FS-10, FS-10-A, FS-10-F – Program Office
## BUDGET SUMMARY

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>CODE</th>
<th>PROJECT COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Salaries</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Support Staff Salaries</td>
<td>16</td>
<td>$ 5,000</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>40</td>
<td>$ 4,000</td>
</tr>
<tr>
<td>Supplies and Materials</td>
<td>45</td>
<td>$ 2,050</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Indirect Cost</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>BOCES Services</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Minor Remodeling</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

**Grand Total** $11,050

---

**CHIEF ADMINISTRATOR'S CERTIFICATION**

*I hereby certify that the requested budget amounts are necessary for the implementation of this project and that this agency is in compliance with applicable Federal and State laws and regulations.*

---

**Date**

**Signature**

**Name and Title of Chief Administrative Officer**
Agency Code: 000000000000

Project #: 0305-07-0000
(If pre-assigned)

Tracking/Contract #: (Special legislative projects only)

Federal Employer ID #: (New non-municipal agencies only)

Agency Name: Booktown Public Library

 Funding Dates: July 1, 2006 to June 30, 2007

Program Approval: ___________________________ Date: _________

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount Budgeted</th>
<th>First Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Voucher #  First Payment

Finance: Log Approved MIR
PAYEE INFORMATION

In order to receive funds from the NYS Education Department, **ALL SECTIONS** of this form will need to be completed and returned with **original signature** to the Education Department program office as part of your grant application.

**Section I: Institution Identifying Information**

<table>
<thead>
<tr>
<th>Exact Legal Name of Agency</th>
<th>Contact Person/Telephone Number</th>
</tr>
</thead>
</table>

Business name, (if different from above )

Payment/Fiscal Agent (if different from above)

Address (number, street, and apt. or suite no.) to which checks will be mailed

City, State, and ZIP code (+ 4 digits) or Foreign City, Country & Postal Code

Federal Employer Identification Number (FEIN) of this agency is:  

* Provide FEIN of recipient agency regardless of payment/fiscal agent

Municipality Code (if agency is a local government):

**Section II: Agency Profile**

[Form fields for agency details]
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

4. Is any member of the Board of Directors an employee of the NYS Education Department?
   □ Yes, please name ____________________________  □ No

Section III: Charity Registration Number Status (NON-PROFIT ORGANIZATIONS ONLY)

Answer ONE of the four questions listed below.

1. The charity registration number (NOT a tax exempt or Federal ID number) of this organization is:
   ________________________________

2. □ This organization has applied for a charity registration number from the Department of State but has not as yet been notified of the authorized number granted.

3. □ This organization is exempt from the requirement of registering with the Department of State as a charitable organization because it receives less than $25,000 in total from governmental agencies.
4. □ This organization is exempt from the requirement of registering with the Department of State as a charitable organization pursuant to the Department of State Exemption Category indicated below (Please read attached Bulletin No. G-79 and the Summary of Exemption Categories and check ONE Exemption Category listed below, if applicable).

□ Exemption Category 1  □ Exemption Category 2  □ Exemption Category 3  □ Exemption Category 4
□ Exemption Category 5  □ Exemption Category 6  □ Exemption Category 7  □ Exemption Category 8

**Section IV: 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)*

____________________________  ________________
Signature - Chief Administrative Agency Official/Authorized Designee  Date

---

SED USE ONLY:  Deputy Area/Program Office

Institution ID:  8 0 0 0 0 0 0 0 0 0 0 0

I have reviewed the payee information contained herein and hereby approve this agency for payment.

____________________________  ____________________
Deputy Area *(Please Print)*  Program Office *(Please Print)*

____________________________
Program Manager *(Please Print)*
General Reports

General Reports Link
Search Discretionary Awards by Year

Choose a year

Results

Institution: American Museum Of Natural History
Project: Scientific Art on Paper Stabilization and Rehousing Project
City: New York
County: New York
Award: $29,085
Year: 2007
Project Manager: Barbara Rhodes
Phone: (212) 769-5424
Email: rhodes@amnh.org
Search by keyword in Title

Type search word

Results:
- Institution: Lehman College Library
- Project: Bronx Oral History Reformatting Project
- City: Bronx
- County: Bronx
- Award: $29,542
- Year: 2006
- Project Manager: Janet Butler Munch
Thank you for coming!

Please fill out the evaluation forms