

**Adult and Family Literacy
 New York State Literacy Library Services Grant Programs
 The State Education Department
 New York State Library
 Division of Library Development**

The Adult and Family Literacy online grant applications will be available by logging into the Division of Library Development's Online Grant System. An NYSDS username/password account is needed in order to log into the system.

Sample Cover Page

New York State Education Department New York State Library Division of Library Development Family Literacy	
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Cover Page

Sponsoring Institution:	College Of Saint Rose
Mailing Address:	432 Western Ave
Address:	
City, State, Zip:	Albany NY 12203
County:	Albany
Director of Institution:	R. Mark Sullivan
State Judicial District: 3	State Assembly Districts: 104 106 108 109
State Senate Districts: 43 46	State Congressional Districts: 21
Amount requested for fy 08	\$41,896.00
Amount requested for fy 09	\$3,547.00

Project Title	
Project Title	<input style="width: 95%;" type="text"/>
Project Manager	
First Name	<input style="width: 95%;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>
The Project Manager email address listed below will receive notifications regarding the application	
Email	<input style="width: 95%;" type="text"/>

Sample Participating Institutions

Family Literacy Participating Institutions - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Stop

Address http://149.10.162.237:8989/LDGrants/InitialForms.do?item=partinst&p=fi

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Division of Library Development
Family Literacy



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Participating Institutions

Applicants are encouraged to collaborate with other libraries, library systems, schools, cultural organizations, community groups, social service agencies and local businesses for public library-based programs.

Institutions Participating in this Program				
Action	Institution Name	Address	City	State
Delete	City Of Troy	City Hall 1 Monument Sq	Troy	NY

Search for Participating Institutions

Type in the legal name of each Participating Institution to search the SEDREF database. The State Education Department maintains the SEDREF database which contains information on institutions across NYS. If the institution is displayed in the search results, then click 'Select' to add this institution as a Project Participant.

The ability to add an institution to this form depends on a record existing in the SEDREF database for that institution.

If you cannot find the institution in the SEDREF database, be sure to include the participating institution name and address information in "Participating Organizations" section of the Application Narrative. The Participating Institution will be contacted and added to the SEDREF database.

Internet

Sample Application Narratives

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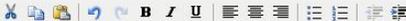
[Help](#)

Project Narratives

- I. Abstract (5 pts)
 - [a. Summary Description](#)
- II. Need, Target Audience, Collaboration (20 pts)
 - [a. Project Need and Target Audience](#)
 - [b. Long-range Plan](#)
 - [c. Library Programming](#)
 - [d. Participating Organizations](#)
- III. Project Description (25 pts)
 - [a. Project objectives](#)
 - [b. Activities Performed](#)
 - [c. Project Timeline](#)
- IV. Evaluation/Outcomes (20 pts)
 - [a. What are Project outputs](#)
 - [b. How to measure outputs](#)
 - [c. What are Project outcomes](#)
 - [d. How to measure outcomes](#)
- V. Continuation Plans/Dissemination of Project Results (10 pts)
 - [a. Continuation of project](#)
 - [b. Distributing information to NYS organizations](#)
- VI. Budget Narrative (20 pts)
 - [a. Other Funding Sources](#)
 - [b. Salaries](#)
 - [c. Benefits](#)
 - [d. Purchased Services](#)
 - [e. Supplies/Equip](#)
 - [f. Travel Expenses](#)

Summary Description

Write a brief one-paragraph synopsis of the project's purpose and target group. Do not describe activities here.



Type the narrative here.....

[Upload](#) a document/attachment to this grant application.

Instructions to copy/paste from another source:

Highlight the text that you want to copy and then click Ctrl + C on keyboard. Put the cursor in the desired area and click Ctrl + V on keyboard to paste. Or use the toolbar icons for Copy and Paste.

Sample Project Budget Salaries Expenses

Include only staff that are employees of the agency. Use the Type drop-down menu to indicate whether the person is a Professional or Support Staff. Do not include consultants or per diem staff here. They belong in the Purchased Services budget category. One full-time equivalent (FTE) equals one person working an entire week for each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equal .2 FTE.

I. Salaries	II. Employee Benefits	III. Purchased Services	IV. Supplies Materials & Equipment	V. Travel Expenses
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Project Budget
I. Salaries
Include only staff that are employees of the agency. Use the Type drop-down menu to indicate whether the person is a Professional or Support Staff. Do not include consultants or per diem staff here. They belong in the Purchased Services budget category. One full-time equivalent (FTE) equals one person working an entire week for each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equal .2 FTE.

Budget Year 1 (2008) [Add Year 1 Record](#)

Name	Title	Salary	FTE	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Support Staff
AmtRequested	AmtApproved	ActualExpense	ExpApproved	
<input type="text"/>	\$0	\$0	\$0	
Delete this record	Use the Save Salaries Button below to Save all budget records on this page			

Budget Year 2 (2009) [Add Year 2 Record](#)

Name	Title	Salary	FTE	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Professional
AmtRequested	AmtApproved	ActualExpense	ExpApproved	
0	\$0	\$0	\$0	
Delete this record	Use the Save Salaries Button below to Save all budget records on this page			

Totals for Year 1				
Amt Requested	Amt Approved	Actual Expense	Exp Approved	
\$41,896	\$0	\$0	\$0	

Totals for Year 2				
Amt Requested	Amt Approved	Actual Expense	Exp Approved	

Benefits Expenses

List all project employees as described under "Salaries." Provide the amount of funds to be used for each individual's benefits.

I. Salaries	II. Employee Benefits	III. Purchased Services	IV. Supplies Materials & Equipment	V. Travel Expenses
-----------------------------	-----------------------	---	--	------------------------------------

Project Budget
II. Employee Benefits
 List all project employees as described under "Salaries." Provide the amount of funds to be used for each individual's benefits.

Budget Year 1 (2008) [Add Year 1 Record](#)

Name	Benefits Percentage (decimal)		
<input type="text"/>	<input type="text"/>		
AmtRequested	AmtApproved	ActualExpense	ExpApproved
<input type="text"/>	\$0	\$0	\$0
Delete this record	Use the Save Button below to Save all budget records on this page		

Budget Year 2 (2009) [Add Year 2 Record](#)

Name	Benefits Percentage (decimal)		
<input type="text"/>	<input type="text"/>		
AmtRequested	AmtApproved	ActualExpense	ExpApproved
0	\$0	\$0	\$0
Delete this record	Use the Save Button below to Save all budget records on this page		

Totals for Year 1			
Amt Requested	Amt Approved	Actual Expense	Exp Approved
\$41,896	\$0	\$0	\$0
<hr/>			
Totals for Year 2			
Amt Requested	Amt Approved	Actual Expense	Exp Approved
\$3,547	\$0	\$0	\$0

Purchased Services Expenses

List all services to be purchased for the project by service type (ie. consultants, rentals, tuition, printing, communications, and other contractual services). Attach per diem rate for consultants, cost estimates, bids, or other supporting data. Attach a document/attachment to this grant application.

Consultant Services include 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. Provide the number of days the consultant is being hired for and their daily rate.

Contracted Services include 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.

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[I. Salaries](#) | [II. Employee Benefits](#) | **III. Purchased Services** | [IV. Supplies Materials & Equipment](#) | [V. Travel Expenses](#)

Project Budget
III. Purchased Services
 List all services to be purchased for the project by service type (ie. consultants, rentals, tuition, printing, communications, and other contractual services). Attach per diem rate for consultants, cost estimates, bids, or other supporting data. [Attach](#) a document/attachment to this grant application.

Consultant Services include 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. Provide the number of days the consultant is being hired for and their daily rate.

Contracted Services include 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.

Budget Year 1 (2008) [Add Year 1 Record](#)

Service Type	Consultant/Vendor	Description	
consultant	Acme tutoring	2 tutors	
AmtRequested	AmtApproved	ActualExpense	ExpApproved
10,345	\$0	\$0	\$0
Delete this record			
Use the Save Button below to Save all budget records on this page			

Budget Year 2 (2009) [Add Year 2 Record](#)

Service Type	Consultant/Vendor	Description	
AmtRequested	AmtApproved	ActualExpense	ExpApproved
0	\$0	\$0	\$0
Delete this record			
Use the Save Button below to Save all budget records on this page			

Supplies and Equipment Expenses

List as supplies and materials all items to be purchased for use during the project with a unit cost of less than \$5,000.

For items with a unit cost of \$5,000 or more, enter as equipment by selecting Equipment from the Type drop-down menu. Note that although the quantity * unit price is calculated as dollars and cents, the amount entered in Amount Requested field MUST be rounded to whole dollars.

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[I. Salaries](#)
[II. Employee Benefits](#)
[III. Purchased Services](#)
IV. Supplies Materials & Equipment
[V. Travel Expenses](#)

Project Budget
IV. Supplies, Materials & Equipment
 List as supplies and materials all items to be purchased for use during the project with a unit cost of less than \$5,000.

For items with a unit cost of \$5,000 or more, enter as equipment by selecting Equipment from the Type drop-down menu. Note that although the quantity * unit price is calculated as dollars and cents, the amount entered in Amount Requested field MUST be rounded to whole dollars.

Budget Year 1 (2008) [Add Year 1 Record](#)

Quantity	Description	UnitPrice	Quantity*Price	Vendor	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	Equipment Code 20 <input type="button" value="v"/>
AmtRequested	AmtApproved	ActualExpense	ExpApproved		
<input type="text" value="\$0"/>	\$0	\$0	\$0		
Delete this record Use the Save Button below to Save all budget records on this page					

Budget Year 2 (2009) [Add Year 2 Record](#)

Quantity	Description	UnitPrice	Quant*Price	Vendor	Type
<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	Supplies/Materials: Code 45 <input type="button" value="v"/>
AmtRequested	AmtApproved	ActualExpense	ExpApproved		
<input type="text" value="0"/>	\$0	\$0	\$0		
Delete this record Use the Save Button below to Save all budget records on this page					

Travel Expenses

List specific project expenses that relate to Travel. All expenses listed in this section must be fully described in the Application Narrative.

Project Budget			
V. Travel Expenses			
List specific project expenses that relate to Travel. All expenses listed in this section must be fully described in the Application Narrative.			
Budget Year 1(2008) Add Year 1 Record			
Description		Purpose	
<input type="text"/>		<input type="text"/>	
AmtRequested	AmtApproved	ActualExpense	ExpApproved
<input type="text"/>	\$0	\$0	\$0
Delete this record		Use the Save Button below to Save all budget records on this page	
<hr/>			
Budget Year 2 (2009) Add Year 2 Record			
Description		Purpose	
<input type="text"/>		<input type="text"/>	
AmtRequested	AmtApproved	ActualExpense	ExpApproved
<input type="text"/>	\$0	\$0	\$0
Delete this record		Use the Save Button below to Save all budget records on this page	
 <input type="button" value="Save Travel Records"/>			
<hr/>			
Totals for Year 1			
Amt Requested	Amt Approved	Actual Expense	Exp Approved
\$41,896	\$0	\$0	\$0
<hr/>			
Totals for Year 2			
Amt Requested	Amt Approved	Actual Expense	Exp Approved
\$3,547	\$0	\$0	\$0

Sample Attachments Page



Add an Attachment

Possible items to Attach

- Letters of support
- Resumes
- Supporting data for purchased services, bids

Instructions

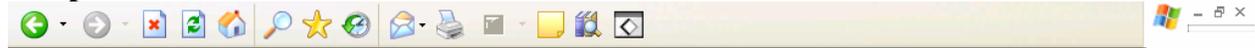
- Step 1 Make sure the document name is clear and understandable. The document name will be saved along with the file.
- Step 2 Click the Browse button. The File Dialog window will open, then navigate to the location where the document is stored.
- Step 3 Choose the document, click Open, and the path to the document will appear in the textbox.
- Step 4 Enter an optional description of the document (ie. Appendix 1).
- Step 5 Click the Upload button to save document to the database, or Cancel to select another document.

Select a Document to attach:
Documents include MS Word, Excel, PDF, .txt, .bmp, .jpg

Short Description of File

[View List of Attachments](#)

Sample Board Certification Form



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Board Certification Form

Certification by Library Board of Trustees Family Literacy Library Services A New York State Library Grant Program	
Sponsoring Institution:	College Of Saint Rose
Project Title:	My Project Title
I hereby certify that the Board of Trustees of <u>College Of Saint Rose</u> Located in <u>Albany</u> , New York, voted to approve this Application on _____ (Date)	
Date:	Board President's Signature (blue ink):
<hr/>	
Board President's Name (please print)	_____

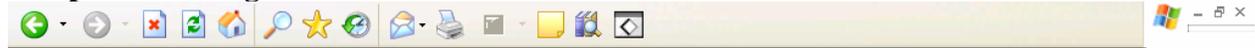
Instructions

Board Certification Form in [PDF](#) format. (PDF format preferred)

Two (2) copies of the Board Certification Form must be printed and signed in blue ink by the Board President.

Mail the signed form to the Division of Library Development, NYS Library, Cultural Education Center, Room 10B41, Albany NY 12230, Attn: Tiffany H. Allen

Sample Cover Page Form



Cover Page Form Requires Library/System Director Authorization

Family Literacy Library Services A New York State Library Grant Program	
Public Library or System Applying for Grant:	College Of Saint Rose
Address:	432 Western Ave Albany NY12203
County:	Albany
Population Chartered to Serve:	Library's Total Income:
State Assembly Districts:	State Senate Districts:
Name of Public Library System to which Library belongs:	
Public Library System Director:	Email:
Project Title:	My Project Title
Project Manager:	Project Manager
Project Manager Phone:	555-5555
Project Manager Email:	email
Public Library Director: R. Mark Sullivan	Email:
Amount requested for FY 08	\$41,896.00
Amount requested for FY 09	\$3,547.00
Date:	Applicant (Library/System Director's) Signature (blue ink):
Applicant (Library/System Director's) Name: (typed or printed)	

Instructions

Cover Page Form in [PDF](#) format. (PDF format preferred)

Two (2) copies of the Cover Page Form must be printed and signed in blue ink by the Library or System Director.

Mail the signed form to the Division of Library Development, NYS Library, Cultural Education Center, Room 10B41, Albany NY 12230, Attn: Tiffany H. Allen

Sample Interim Report Narratives

Family Literacy Interim Report - Windows Internet Explorer
http://eservicest.nysed.gov/LDGrants/IFinalForms.do

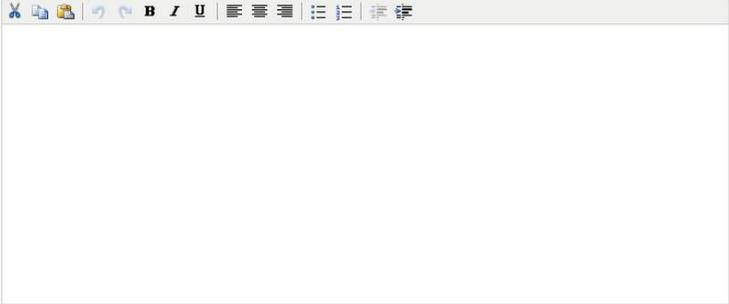
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New York State Library

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Interim Report Narratives
[I. Project Changes](#)
[II. Expended Funds](#)
[III. Anecdote](#)

Project Changes
Please describe any changes to timeline, project director, project partners, project objectives, or project activities.



Save

Instructions to copy/paste from another source:
Highlight the text that you want to copy and then click Ctrl + C on keyboard. Put the cursor in the desired area and click Ctrl + V on keyboard to paste. Or use the toolbar icons for Copy and Paste.

Internet | Protected Mode: On 100%

Online Literacy Appl... Family Literacy Inter... Downloads 9:07 PM

Sample Final Report Narratives

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Final Narratives

I. Project Abstract
• [year 1](#) [year 2](#)

II. Need
• [year 1](#) [year 2](#)

III. Target Audience
• [year 1](#) [year 2](#)

IV. Direct Coordination with Agencies
• [year 1](#) [year 2](#)

V. Accomplishments
• [year 1](#) [year 2](#)
b. Project Continuation
• [year 1](#) [year 2](#)
c. Sharing Results
• [year 1](#) [year 2](#)
d. Problems
• [year 1](#) [year 2](#)

VI. Evaluation
• [year 1](#) [year 2](#)

VII. Budget Summary
• [year 1](#) [year 2](#)
b. Additional Funds
• [year 1](#) [year 2](#)

Synopsis (year 1)

Give a brief (1 paragraph) synopsis of the project purpose, activities, and results

Instructions to copy/paste from another source:
Highlight the text that you want to copy and then click Ctrl + C on keyboard. Put the cursor in the desired area and click Ctrl + V on keyboard to paste. Or use the toolbar icons for Copy and Paste.
[Attach](#) a document/attachment to this grant application. (Be sure to Save narrative first)

Sample Project Statistics

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Family Literacy Library Services Project Statistics

Project Number

0342 -08 -0658

Sponsoring Institution:

College Of Saint Rose

Complete all that are applicable

	Year 1	Year 2
A. Number of participating sites	<input type="text"/>	<input type="text"/>
B. Hours of service per week	<input type="text"/>	<input type="text"/>
C. Total number of users served	<input type="text"/>	<input type="text"/>
D. Number of workshops/programs	<input type="text"/>	<input type="text"/>
E. Total number of workshop/program participants	<input type="text"/>	<input type="text"/>
F. Total number of materials circulated	<input type="text"/>	<input type="text"/>
G. Total number of materials distributed	<input type="text"/>	<input type="text"/>