

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

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## **The Discretionary Grant Application Process**

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

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***<https://www.nysl.nysed.gov/libdev/cp/index.html>***

# 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.ORG

### *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

# Prequalification Requirement

- To facilitate prompt contracting, not-for-profit applicants are required to register in the Statewide Financial System (SFS) and complete the Vendor Prequalification process for proposals to be evaluated.
  - *Exemptions- government agencies, SUNYs/CUNYs, public libraries*
- The prequalification process must be completed by the application deadline.
- ***Start early!*** The prequalification process can take several weeks.
- Even if you have prequalified in the past, certain documents need to be submitted yearly to maintain your status.

# Prequalification Requirement

- [Grants Management's website](https://grantsmanagement.ny.gov) (<https://grantsmanagement.ny.gov>) has various resources available to assist you in the registration & prequalification process
- Live vendor support calls will be held weekly to discuss questions grantees have based on their use of SFS for grants management activities and to share any relevant reminders, tips, or known issues.
  - 10/2/24 11am-12pm
  - 10/9/24 11am-12pm
  - 10/16/24 11am-12pm
- Help Desk- [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)  
518-457-7717  
855-233-8363

# Prequalification Requirement

- **Register in the Statewide Financial System**
  - On the Grants Management Website, download a copy of the [Registration Form for SFS Vendors](#). This form will need to be notarized. [Instructions](#)
  - If you do not have a SFS Vendor Id yet, be sure to also submit a [Substitute W-9](#) and one will be assigned.
  - Completed forms are sent to [grantsreform@its.ny.gov](mailto:grantsreform@its.ny.gov)



# Prequalification Requirement

- **Get Prequalified Resources**
- Login to SFS.
- Complete the prequalification application and upload required documents
- Once a complete application and required documents are submitted a Prequalification Specialist will review and make a determination. Notifications will be sent via email. Make sure contact info is up to date.

# 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!!!!**

<https://www.nysl.nysed.gov/libdev/cp/grantprogram>

# NYS Discretionary Grant Program for the Conservation and Preservation of Library Research Materials

[Conservation/Preservation Home](#)

[Prequalification Requirement](#)

[M/WBE Compliance](#)

[Previous Awards](#)

Questions? Contact Us

Sign up for NYS Library News

## Overview

The discretionary grant program provides modest financial support for projects that contribute to the preservation of significant research materials in libraries, archives, historical societies and other agencies within the State of New York, whether by conducting surveys, improving collection storage environments, reformatting or treating collections or other preservation activities described in these guidelines.

## Discretionary Grant Program Application

**The 25-26 grant application is now open. All applications must be submitted by 03/31/2025 at 5:00 PM.**

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 current grant cycle, all applications must be submitted through our web-based application program. Please go to the [Online Grant System Account Registration Form](#) 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](#)

Please log in to view the program guidelines and prepare your application.

## [Prequalification Requirement](#)

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 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.

# <https://www.nysl.nysed.gov/libdev/cp/grantprogram>

## [M/WBE Compliance](#)

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.)

## **Additional Resources**

### [Program Questions and Answers](#)

More information about the application process and eligible projects.

### [Previous Awards](#)

View details on previously funded projects.

### [State Aid and Grants in NYS](#)

View information and allocation tables for the annual statutory formula aid program for the 10 comprehensive research libraries.

# Complete Registration Form

[New York State Library](#)

[Division of Library Development](#)

## 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

# Complete Registration Form

*Institution Address	<input type="text"/>
Address Line 2	<input type="text"/>
*City	<input type="text"/>
*State	<input type="text"/>
*Zip Code	<input type="text"/>
Enter the county, school district, and Federal ID of the institution you represent. If unknown, enter N/A in the corresponding box.	
County	<input type="text"/>
School District	<input type="text"/>
Federal ID Number	<input type="text"/>
Should this account have read, edit or submit access to online grant applications?	
<input type="checkbox"/> Read	Read Edit Submit
<input type="checkbox"/> Edit	
<input type="checkbox"/> Submit	
<input type="button" value="Reset"/> <input type="button" value="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](mailto:blilley@mail.nysed.gov) or 518-486-4864.

Go to the [Conservation/Preservation Program page](#) | Go to Library Development [home page](#)



# https://eservices.nysed.gov/LDGrants

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Services News Government Local



NY.gov ID Online Services FAQs About NY.gov ID Help Desk Information Privacy Policy Terms of Service

Please login after reading the [Acceptable Use Policy](#) below

# Login Page

NY.gov ID

Username:

Password:

**Sign In**

Forgot your [Username](#) or [Password](#)

[NY.gov ID - Terms of Service](#)

[Agency Assistance & Contact Information](#)

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[Contact Us](#)



Agencies

Services

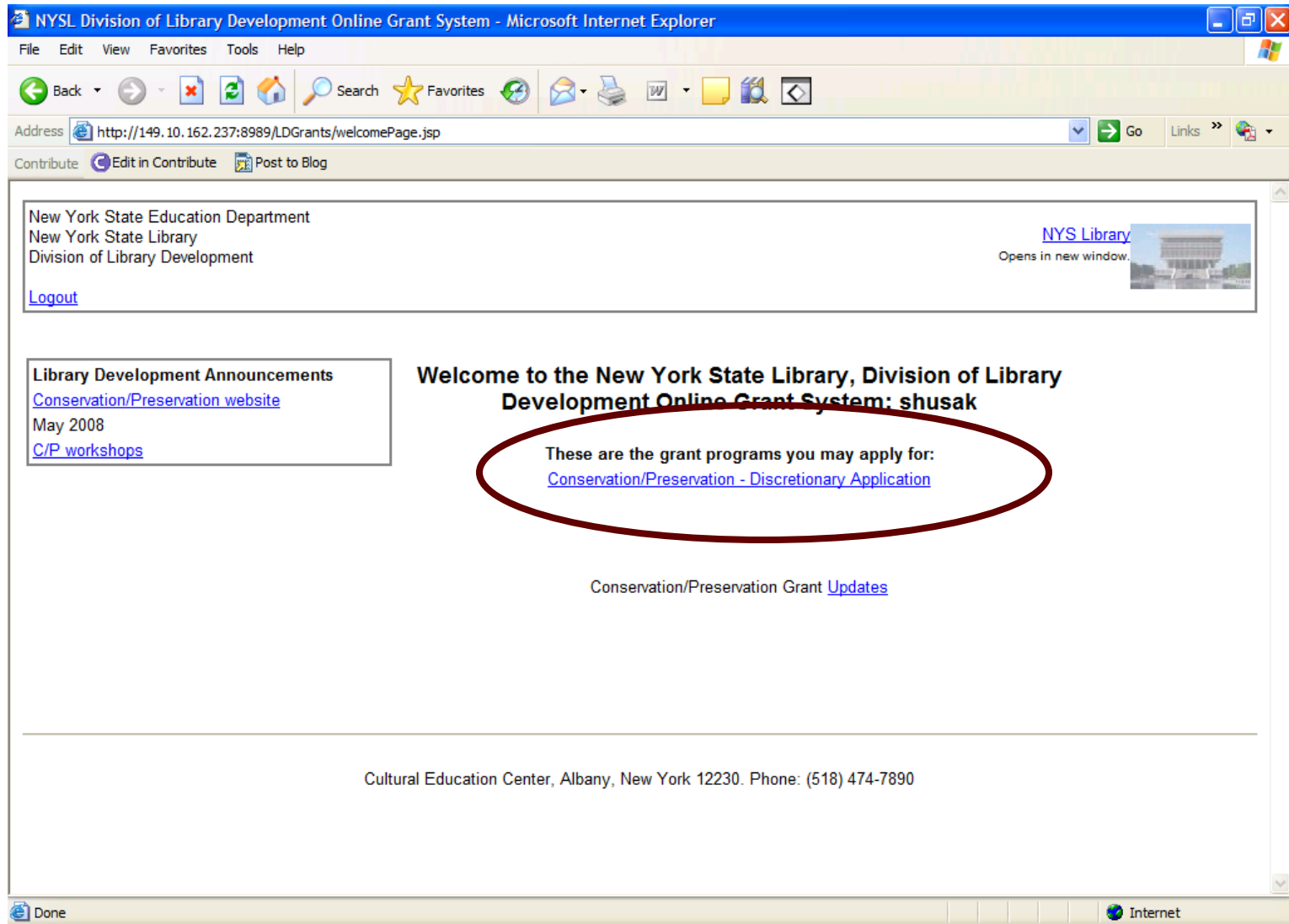
App Directory

Counties

Events

Programs

# Choose a Grant Program



# Application Home Page

Discretionary Aid Home Page - Microsoft Internet Explorer


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Back Forward Stop Home Search Favorites Refresh Print Mail Word Excel PowerPoint Outlook

Address <http://149.10.162.237:8989/LDGrants/DiscHomeServlet?todo=getAllGrants> Go Links

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Home | [Discretionary Home](#) --Initial Application Forms-- Go --Final Report Forms-- Go [Help](#) [General Reports](#)

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

**Guidelines**

C/P Discretionary Aid Guidelines and Instructions (file opens in new window)  
[Microsoft Word](#) [HTML](#)

Create a new Discretionary Aid grant application for FY 07 -08 [Create new application](#)

**Link to Create new application**

Discretionary Grant Applications			
Project Number	Title	Institution	Fiscal Year
<a href="#">0305 -07 -0265</a>	Our great preservation project	Troy Public Library	2007

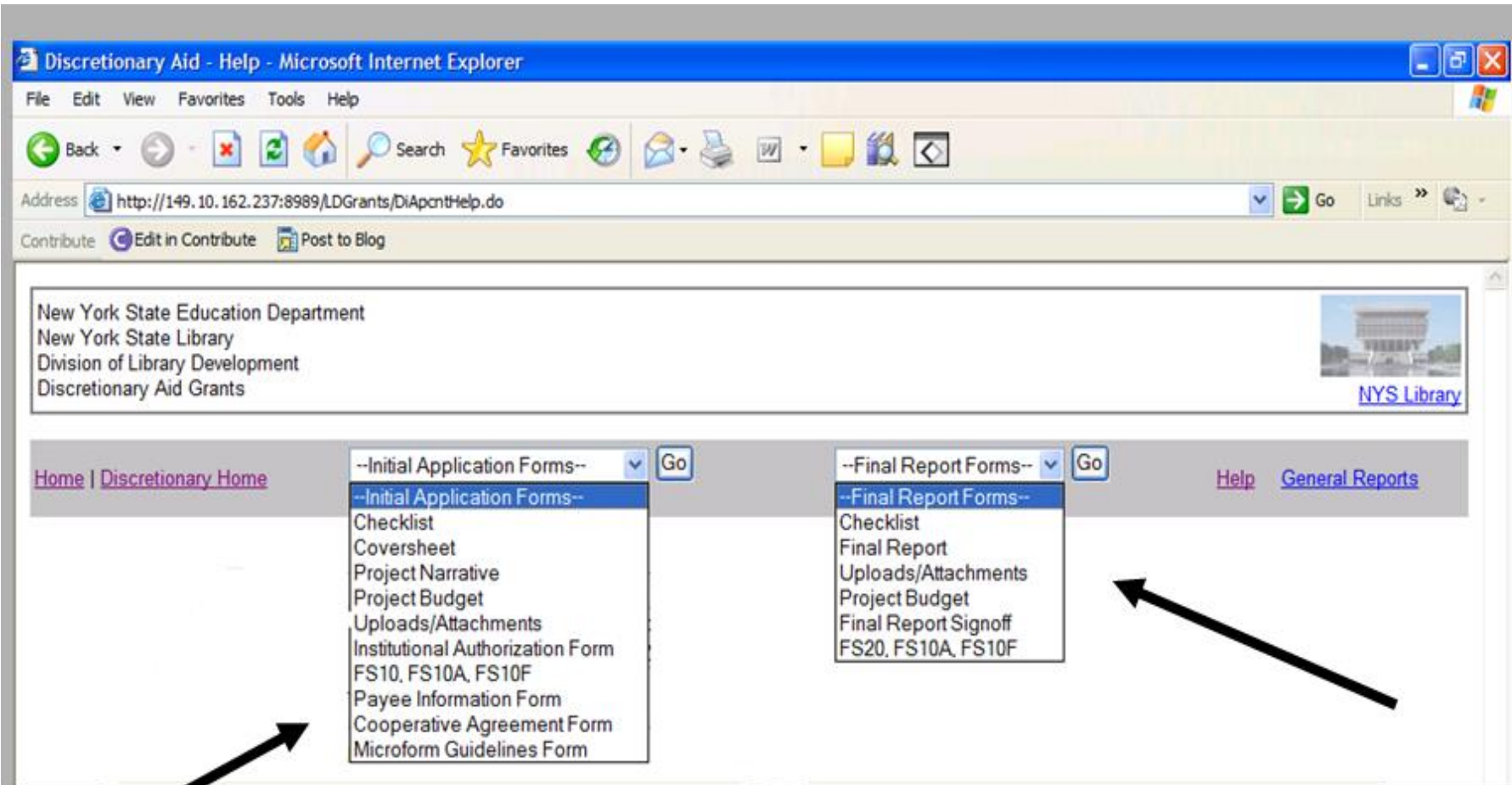
Discretionary Grant Applications as a Participating Library (read only)			
Project Number	Title	Institution	Fiscal Year
<a href="#">0305 -09 -0649</a>		Suny Binghamton	2009
<a href="#">0305 -07 -0266</a>	Discretionary project to microfilm maps	Siena College Standish Library	2007
<a href="#">0305 -07 -0241</a>	My First Discretionary Grant	College Of Saint Rose	2007

**Links to cooperating applications**

Please contact the Conservation/Preservation Program Administrator, Barbara Lilley, with any questions. 518-486-4864 or [blilley@mail.nysed.gov](mailto:blilley@mail.nysed.gov)

Done Internet

# Navigating the Online Application



**Initial Application Forms**

**Final Report Forms**

# CHECKLIST

# Initial Application Checklist

[Home](#) | [Discretionary Home](#)

--Initial Application Forms--

Go

--Final Report Forms--

Go

[Help](#)

[General Reports](#)

## Checklist

Warning: The due date (11/03/2017) for this application has expired. You may not submit a new application for this fiscal year.

Application Checklist	
Project Number	0305 -19 -7357
<input type="checkbox"/> <a href="#">Coversheet</a>	
<input type="checkbox"/> <a href="#">Project Narrative</a>	
<input type="checkbox"/> <a href="#">Project Budget</a>	
<input type="checkbox"/> <a href="#">Institutional Authorization Form</a>	
<input type="checkbox"/> <a href="#">FS-10 Form</a> 3 original FS-10 Forms must be completed and mailed	
<a href="#">Attachments/Uploads</a>	
<a href="#">Payee Information Form</a>	
<a href="#">Cooperative Agreement Form</a> (if applicable)	
<a href="#">Microform Guidelines Form</a> (if applicable)	
<b>NEW: (REQUIRED)</b> <a href="#">Prequalification requirement for not-for-profit entities applying for grants</a>	
<b>NEW: (REQUIRED)</b> <a href="#">M/WBE Requirement</a> - only for an application for grant funding that exceeds \$25,000 for the full grant period.	
<input type="radio"/> Not Applicable	
<input checked="" type="radio"/> Full Participation	
<input type="radio"/> Partial Participation, Partial Request for Waiver	
<input type="radio"/> No Participation, Request for Complete Waiver	
<input type="button" value="Save Progress"/>	
<input type="button" value="Submit"/>	
Due Date for new applications: 11/03/2017	

# Final Report Checklist

Final Report Checklist
<input type="checkbox"/> <a href="#">Final Report Narrative</a>
<input type="checkbox"/> <a href="#">Project Budget</a> (Expenses Submitted)
<input type="checkbox"/> <a href="#">Final Report Sign-off</a>
<input type="checkbox"/> <a href="#">FS-10-F Form</a> 3 original FS-10-F Forms must be completed and mailed
<a href="#">Attachments/Uploads</a>
<a href="#">FS-10-A Form</a> (Optional - 3 original FS-10-A Forms completed and mailed only if there is an amendment to the approved project budget)
<div>Save Progress</div>
<div>Submit</div>
<b>Due Date for final reports: 07/15/2019</b>

Links to print/save  
application

[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**



# Coversheet

Discretionary Aid Coversheet - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/diInitialForms.do?initItem=coversheet> Go Links

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## Cover Sheet

Sponsoring Institution:	Troy Public Library
Mailing Address:	100 Second St
Address:	
City, State, Zip:	Troy NY 12180 4097
Director of Institution:	Paul Hicok
Title:	Library Director
Email:	
State Judicial District: 3	State Assembly Districts: 106 108 109
State Senate Districts: 43 46	State Congressional Districts: 20 21
Federal ID: 141338576	School District: Troy City Sd
Institution Type:	Public Libraries

**Institution information is pulled from SEDREF database**

**Your username/ password is associated with an institution**

# Coversheet- Religious Affiliation and Institutional Eligibility

Discretionary Aid Coversheet - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/diInitialForms.do?initItem=coversheet> Go Links

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Eligibility	
Is Institution Affiliated with Religious Denomination?	See <a href="#">Guidelines</a> for eligibility. <input type="radio"/> Yes <input type="radio"/> No
Institutional Eligibility	<input type="checkbox"/> Chartered by the Board of Regents of NYS Date: format mm/dd/yyyy <input type="text"/>
	<input type="checkbox"/> 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 <input type="text"/>
	<input type="checkbox"/> Registered with the Office of Charities of the NYS Department of State <input type="text"/>
	<input type="checkbox"/> Granted not-for-profit status under section 501(c)(3) of the United States Internal Revenue Code <input type="text"/>
	<input type="checkbox"/> Other

Internet

# Coversheet-Project Information

Discretionary Aid Coversheet - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/diInitialForms.do?initItem=coversheet> Go Links

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### Project Manager

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>

The Project Manager email address listed below will receive notifications regarding the Discretionary grant application

Email	<input type="text"/>
Project Title	<input type="text"/>

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

Save

# NARRATIVES

# Narratives

Discretionary Aid Project Description - Microsoft Internet Explorer

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Back Forward Stop Home Search Favorites Refresh Print Mail Stop

Address <http://149.10.162.237:8989/LDGrants/diInitialForms.do> Go Links

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### Project Narratives

I. Description of Institution or Agency

- [Ia](#) Size of institution's operation
- [Ib](#) Total collection of library research materials

II. Institutional Commitment to Conservation/Preservation

- [IIa](#) Institutional conservation/preservation activities
- [IIb](#) Environmental conditions in which preserved materials will be stored
- [IIc](#) Preparation for disasters
- [IId](#) Security arrangements for protecting the collections
- [IIE](#) Participation in cooperative

III. Accessibility of Collections to the Public

- [IIIa](#) Access policies and practices of the institution
- [IIIb](#) Cataloging or other forms of bibliographic control
- [IIIC](#) Ownership of materials

IV. Research Value of Materials to be Preserved

### Size of Institutions Operation

Include information on the institution's annual budget for staff, materials, operations, etc., and the total number of staff in full time equivalents (FTE). Indicate the number of FTE professional and non-professional staff and the number of volunteers who regularly serve in the institution.

Please see [Guidelines for detailed instructions on completing the project description](#)

Type narrative here.....

Links to each of the Project Narrative categories

Save

[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.

Done Internet

# 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
- MWBE Forms (over \$25,000)

# Uploading Documents

Discretionary Aid - Add Attachment - Microsoft Internet Explorer

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## Add Document

### 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 upload :**  
Documents include MS Word, Excel, PDF, .txt, .bmp, .jpg

Browse...

Short Description of File

Upload Cancel

**1. Browse for document**  
**2. Enter Description**  
**3. Click Upload**

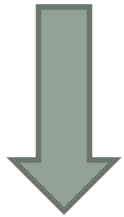
Internet



# BUDGET

# BUDGET

**Column A**



Project Total

**Column B**



Institutional  
Contribution

**Column C**



Grant Request

=

+

# Navigating the 5 Budget Tabs

Discretionary Aid Project Budget - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/diInitialForms.do?initItem=budget> Go Links

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**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.

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

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

**Budget Tabs**

**Add Record**

**Save Personal Expenses**

**Personal Service Totals**

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

**Grand Totals for all Budget Categories**

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

**Budget Totals**

Internet

# Project Budget- I Personal Services

Discretionary Aid Project Budget - Microsoft Internet Explorer



File Edit View Favorites Tools Help



Address http://149.10.162.237:8989/LDGrants/diInitialForms.do?initItem=budget

Go

Links >>



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## 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.

[I. Personal Services](#)

[II. Employee Benefits](#)

[III. Contracted Services](#)

[IV. Supplies Materials & Equipment](#)

[V. Travel Expenses](#)

Add

Save any changes first before adding a new record.

Name	Title	Salary/Wage	FTE/Hours ex. 1.0	Salary*FTE or Wage*Hours	Type
Jane Doe	Director	\$24,525	0.12	\$2,943	Professional
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0	\$2,000	\$943	\$0	\$0	\$0
<a href="#">Delete</a>					
Name	Title	Salary/Wage	FTE/Hours ex. 1.0	Salary*FTE or Wage*Hours	Type
				0	Professional
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0		0	\$0	\$0	\$0
<a href="#">Delete</a>					

Save Personal Expenses

### Personal Service Totals

Project Total	Inst Contrib.	Amount Requested	Amount Approved	Expense Submitted	Expense Approved
\$2,943	\$2,000	\$943	\$0	\$0	\$0

Done

Internet

# Project Budget-II Employee Benefits

Discretionary Aid Project Budget - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/diBudgetSelect.do?tab=tab2> Go Links

Contribute Edit in Contribute Post to Blog

## 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.

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

Save any changes first before adding a new record.

Name	Benefits Percentage (decimal)	Salary*FTE	BenefitsAmt		
Jane Doe	0.09	2,943	\$264		
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0	\$0	\$264	\$0	\$0	\$0

[Delete](#)

### Employee Benefits Totals

Project Total	Inst Contrib.	Amount Requested	Amount Approved	Expense Submitted	Expense Approved
\$264	\$0	\$264	\$0	\$0	\$0

Internet

# Project Budget- III Contracted Services

Discretionary Aid Project Budget - Microsoft Internet Explorer

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Address http://149.10.162.237:8989/LDGrants/AddBudgetItem Go Links

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## 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.

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

Save any changes first before adding a new record.

Service Type	Consultant/Vendor	Description	ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
consultant	Adam Advice	2 days @ \$300	\$600	\$300	\$300	\$0	\$0	\$0
<a href="#">Delete</a>								
contract	Microfilming Inc	400 pieces	\$4000	\$0	\$4000	\$0	\$0	\$0
<a href="#">Delete</a>								

Internet

# Project Budget-IV Supplies Materials & Equipment

Discretionary Aid Project Budget - Microsoft Internet Explorer

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Address <http://149.10.162.237:8989/LDGrants/AddBudgetItem> Go Links

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## 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".

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

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

Quantity	Description	UnitPrice	Quantity*Price	Vendor	Type
<input type="text" value="1000"/>	<input type="text" value="folders"/>	<input type="text" value="0.15"/>	<input type="text" value="\$150"/>	<input type="text" value="Gaylord"/>	<input type="text" value="Supplies &amp; Materials"/>
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0	<input type="text" value="\$150"/>	<input type="text" value="0"/>	<input type="text" value="\$0"/>	\$0	\$0
<a href="#">Delete</a>					

Quantity	Description	UnitPrice	Quantity*Price	Vendor	Type
<input type="text" value="200"/>	<input type="text" value="boxes"/>	<input type="text" value="\$3.00"/>	<input type="text" value="\$600"/>	<input type="text" value="Hollinger"/>	<input type="text" value="Supplies &amp; Materials"/>
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0	<input type="text" value="\$0"/>	<input type="text" value="\$600"/>	<input type="text" value="\$0"/>	\$0	\$0
<a href="#">Delete</a>					

Internet

# Project Budget- VI Travel Expenses

Discretionary Aid Project Budget - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Refresh Mail Print Taskbar Favorites Address Bar

Address <http://149.10.162.237:8989/LDGrants/AddBudgetItem> Go Links

Contribute Edit in Contribute Post to Blog

## 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.

[I. Personal Services](#) [II. Employee Benefits](#) [III. Contracted Services](#) [IV. Supplies Materials & Equipment](#) **VI. Travel Expenses**

Save any changes first before adding a new record.

Description	Purpose
<b>Travel to vendor</b>	<b>Finalize contract</b>

ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
\$0	<b>\$0</b>	<b>\$500</b>	\$0	\$0	\$0

[Delete](#)

### Travel Expense Totals

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

### Grand Totals for all Budget Categories

Project Total	Inst Contrib.	Amount Requested	Amount Approved	Expense Submitted	Expense Approved
<b>\$7,807</b>	<b>\$2,300</b>	<b>\$5,507</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Done Internet



# 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**

signed

type name

date

**Director of Library/Archives**

**Print and Sign this Form**

signed

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. [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

Discretionary Aid Checklist - Microsoft Internet Explorer

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Home | [Discretionary Home](#) --Initial Application Forms-- Go --Final Report Forms-- Go [Help](#) [General Reports](#)

## Checklist

Application Checklist	
Project Number	0305 -08 -0655
<input type="checkbox"/> Coversheet	<a href="#">View</a>
<input type="checkbox"/> Project Narrative	<a href="#">View</a>
<input type="checkbox"/> Project Budget	<a href="#">View</a>
<input type="checkbox"/> 3 Copies of the FS 10 must be completed and mailed	<a href="#">View</a>
<a href="#">Save Progress</a>	
<input type="checkbox"/> Institutional Authorization	<a href="#">View</a>
<a href="#">Submit</a>	

Due Date for new applications: 09/05/2008

Internet

# Confirm Submission

Discretionary Aid - Confirm Submission - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites RSS Print Mail News Feeds

Address <http://149.10.162.237:8989/LDGrants/VerifySubmitServlet> Go Links

Contribute Edit in Contribute Post to Blog

## 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?

Please use the following link to print or save your completed application in HTML form.  
[C/P Discretionary Application - HTML](#)

Done Internet

1. Look for any incomplete narratives
2. Click Submit
3. Use link at bottom to print or save your application.

**FS 10**

**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

2016-2017

Report Prepared By:

Beatrice Bibliophile

Agency Name:

Booktown Public Library

Mailing Address

123 Main St

City,State:

Booktown, NY 00011

County: New York

Telephone #

518-111-1234

Email Address

bbiblio@booktownlibrary.org

## FS-10 Page2

**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.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
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.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Conservation Technician			\$ 5,000

## FS-10 Page 3

**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.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Microfilm in g Services, Inc.			\$ 4,000
Subtotal - Code 40			\$ 4,000

**SUPPLIES AND MATERIALS: Code 45**

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

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Archival document boxes	1	3.00	\$ 600
Photo negative envelopes	1	.50	\$ 150
Neutral pH photo storage boxes	1	3.00	\$ 600
pHase box maker	1	700	\$ 700

**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.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

**EMPLOYEE BENEFITS: Code 80**

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

Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
Subtotal - Code 80		



## FS-10 Page 5

**INDIRECT COST: Code 90**

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

**PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
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.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure

**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.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
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**

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	\$0.00
Support Staff Salaries	16	\$5,000.00
Purchased Services	40	\$4,000.00
Supplies and Materials	45	\$2050.00
Travel Expenses	46	\$0.00
Employee Benefits	80	\$0.00
BOCES Services	49	\$0.00
Minor Remodeling	30	\$0.00
Equipment	20	\$0.00
Grand Total		\$11,050.00

Agency Code	000000000000
Project #	0305 -17 -1234
Contract #	
Federal Employer ID # (New non-municipal agencies only)	131234567
Agency Name	Booktown Public Library

**For Department Use Only**

Funding Dates:	07/01/2016	06/30/2017
----------------	------------	------------

From

To

Program Approval:

Date:

**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

Fiscal Year	Amount Budgeted	First Payment
Voucher#	First Payment	
Log	Approved	MIR

# Payee Information Form



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

(02/22)

## 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/know 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):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

NYS Vendor Identification Number:\*\*\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

(1) Unique Entity Identifier (UEI) registered in SAM:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

(2) Expiration Date on SAM: \_\_\_\_\_

.....

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

# Payee Information Form

***\*\*\* 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











# M/WBE

- All applications for funding over \$25,000 are subject to [M/WBE requirements](https://www.nysl.nysed.gov/libdev/mwbe/index.html).  
(<https://www.nysl.nysed.gov/libdev/mwbe/index.html>)
- Current M/WBE requirements are 30% of non-personal service budget. [M/WBE Certified Directory](https://ny.newnycontracts.com/FrontEnd/searchcertifieddirectory.asp)  
(<https://ny.newnycontracts.com/FrontEnd/searchcertifieddirectory.asp>)
- Compliance can be achieved in 1 of 3 ways
  - Full Participation
  - Request a Partial Waiver
  - Request a Full Waiver(Good faith efforts to find applicable M/WBE vendors or suppliers must be documented when requesting either a partial or full waiver)
- Complete and upload forms to the online application

# M/WBE

- Required Documents

## Required Documents

Documentation	Full Participation	Request Partial Waiver	Request Total Waiver
M/WBE <a href="#">Goal Calculation Worksheet</a> (Word,  [21k])			
M/WBE <a href="#">Cover Letter</a> (Word,  [20k])			
M/WBE 100: <a href="#">Utilization Plan</a> (Word,  [19k])			N/A
M/WBE 102: <a href="#">Notice of Intent to Participate</a> (Word,  [19k])			N/A
M/WBE 105: <a href="#">Contractor's Good Faith Efforts</a> (Word,  [19k])	N/A		
Evidence of Good Faith Efforts (please refer to the M/WBE 105 form to distinguish what constitutes as "evidence of good faith efforts") M/WBE 105A <a href="#">Contractor Unavailable Certification</a> (Word,  [20k])	N/A		
M/WBE 101: <a href="#">Request for Waiver Form and Instructions</a> (Word,  [19k])	N/A		
EEO 100 <a href="#">Staffing Plan and Instructions</a> (Word,  [31k])			



# General Reports

Discretionary Aid - Help - Microsoft Internet Explorer


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Address <http://149.10.162.237:8989/LDGrants/DiApntHelp.do> Go Links

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New York State Education Department  
New York State Library  
Division of Library Development  
Discretionary Aid Grants



[NYS Library](#)

[Home](#) | [Discretionary Home](#)


--Initial Application Forms-- Go

- Initial Application Forms--
- Checklist
- Coversheet
- Project Narrative
- Project Budget
- Uploads/Attachments
- Institutional Authorization Form
- FS10, FS10A, FS10F
- Payee Information Form
- Cooperative Agreement Form
- Microform Guidelines Form

--Final Report Forms-- Go

- Final Report Forms--
- Checklist
- Final Report
- Uploads/Attachments
- Project Budget
- Final Report Signoff
- FS20, FS10A, FS10F

[Help](#) [General Reports](#)



# Search Discretionary Awards by Year

Discretionary Aid - Reports - Microsoft Internet Explorer

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[Home](#) | [Discretionary Home](#) --Initial Application Forms-- Go --Final Report Forms-- Go [Help](#) [General Reports](#)

## 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

Search Discretionary Aid projects by Title

Title Search

### Search Results

<b>Institution</b>	American Museum Of Natural History
<b>Project</b>	Scientific Art on Paper Stabilization and Rehousing Project
<b>City</b>	New York
<b>County</b>	New York
<b>Award</b>	\$29,086
<b>Year</b>	2007
<b>Project Manager</b>	Barbara Rhodes
<b>Phone</b>	(212) 769-5424
<b>Email</b>	rhodes@amnh.org

Internet

# Search by Keyword in Title

Discretionary Aid - Reports - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Reload Print Mail Links

Address <http://149.10.162.237:8989/LDGrants/DiApntReport> Go Links

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## C/P Discretionary Data

Find information about prior year Discretionary grant projects

View Discretionary Aid award list for a Fiscal year

Fiscal year

**Search Discretionary Aid projects by Title**

Title

### Search Results

<b>Institution</b>	American Museum Of Natural History
<b>Project</b>	Scientific Art on Paper Stabilization and Rehousing Project
<b>City</b>	New York
<b>County</b>	New York
<b>Award</b>	\$29,086
<b>Year</b>	2007
<b>Project Manager</b>	Barbara Rhodes
<b>Phone</b>	(212) 769-5424
<b>Email</b>	rhodes@amnh.org

Internet