

SOUTH CENTRAL REGIONAL LIBRARY COUNCIL

**Tools of History: Online Access to Historical Materials of the South Central Region of NYS
2009 DIGITIZATION GRANT**

Part A

Name of Institution _____
(For projects involving multiple institutions, provide information for the lead agency)

Address _____

Name of Project Manager _____ Title _____

Telephone _____ Email _____ Fax _____

Library Director or Authorized Person _____ Title _____

Date Submitted _____

Title of Proposed Project

Amount Applied For:

Is this a joint project with other organizations? _____ Yes _____ No

If yes, list the names of the cooperating organizations below and *include letters of support from Directors for each participant as attachments.*

Part B

Please provide a narrative of *no more than 5 pages in 12 point typeface* that addresses each of the following in the order listed:

Project and Goals

1. Briefly describe the proposed project.
2. List the goals of the project and explain their significance to the region.
3. Describe the desired outcomes.

Project Description

4. Evaluation - Describe the method that will be used to evaluate the results of the project. How will you determine whether this project has met its goals and outcomes?
5. Timetable – Outline the proposed timetable for the project.
6. Other Funding - What other sources of funding are contributing to the project? Why can this project not be funded from your regular operating funds?
7. Continuation Beyond 2009 - Will the project be maintained beyond 2009? If so, how and through what sources of funding?
8. How would implementation of this project relate to strategic intentions and activities outlined in the SCRLC Plan of Service 2006-2011?

Staffing and Training Needed for the Project

9. Describe the institution's ability to successfully execute the project. Describe personnel who will work on the project (please note that there should only be one person listed as Project Manager.) Discuss training taken and needed to complete the project, personnel's experience, and the institution's commitment to the project.

Budget

10. Budget Summary - Provide a budget summary on the attached form 10a indicating your request and your in-kind contribution in each of the listed categories.
11. Attach as appendices, vendor quotes or supporting documentation for any proposed expenses.
12. Describe how partial funding would impact the project. Will you accept partial funding?

Application, Narrative, Budget Chart, and any attachments should be submitted by April 10, 2009 to:

*Matthew Hogan
South Central Regional Library Council
Clinton Hall
108 N Cayuga St
Ithaca, NY 14850
mhogan@scrlc.org*

Form 10a

DIGITIZATION PROJECT BUDGET

Institution _____

Project Title _____

Hardware	Requested _____	In Kind _____
Software	Requested _____	In Kind _____
Staffing (specify if staff is for metadata creation, scanning, etc.)	Requested _____	In Kind _____
Services (consultants, outsourcing, etc.)	Requested _____	In Kind _____
Other (supplies, etc.)	Requested _____	In Kind _____
TOTAL GRANT REQUEST	_____	