

Face Sheet for an Enhancement Grant

1. Name of Tribe or Alaska Village/Corporation

2. Applicant's Mailing Address

3. City

4. State

5. ZIP Code

6. Name of Tribe's Chief Executive

7. Business Phone of Chief Executive

8. Name of Project Contact Mr. Ms. Dr.

9. Business Phone of Project Contact

10. Affiliation of Contact (name of library, school, etc.)

11. Project Contact's Mailing Address

12. City

13. State

14. ZIP Code

15. FAX Number of Contact (if available)

16. E-mail Address of Project Contact (if available)

17. Institutional Profile

Schedule of open hours per week

Number of library staff

Part-time _____ Full-time _____

Number of circulation transactions per year

Number of holdings (books, subscriptions, media)

Does the library have access to the Internet?

Does the library provide public access to the Internet?

Amount of operating budget for library services in most recently completed fiscal year

18. Grant Amount Requested

\$ _____

19. Amount of Cost Sharing

\$ _____

20. Total Project Costs

\$ _____

21. Grant Period (check one)

one-year grant two-year grant

Project Budget Form Front

YEAR 1

SECTION 1: DETAILED BUDGET

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS ON PAGE 4.5-4.8 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

FRINGE BENEFITS

RATE	SALARY BASE	IMLS	MATCH	TOTAL
_____ % of \$	_____	_____	_____	_____
_____ % of \$	_____	_____	_____	_____
_____ % of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS		\$		

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR Hrs) ON PROJECT	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTATION FEES			\$		

TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	MATCH	TOTAL
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS					\$		

Project Budget Form Back

YEAR 1

SECTION 1 CONTINUED

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES & EQUIPMENT \$		_____	_____	_____

SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES		\$ _____	_____	_____

OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF OTHER		\$ _____	_____	_____
TOTAL DIRECT PROJECT COSTS		\$ _____	_____	_____

INDIRECT COSTS

Select either item A or B and complete C. (see page 4.6 for an explanation of indirect costs)

Applicant is using:

- A. an indirect cost rate which does not exceed 20% of direct costs (use only if you have no current Federally negotiated rate)
- or*
- B. a current approved indirect cost rate negotiated with a Federal agency (copy of current rate agreement must be included in the application)

Name of Federal Agency

From: _____ To: _____
Effective dates of indirect rate as stated on agreement must be in effect as of October 1, 2003.

C. Rate	Base Amount					
_____	_____	%	of \$	= TOTAL INDIRECT COSTS	\$	_____
TOTAL DIRECT COSTS				INDIRECT COSTS REQUESTED FROM IMLS	\$	_____
				INDIRECT COSTS CONTRIBUTED BY APPLICANT	\$	_____
				TOTAL PROJECT COSTS (TOTAL DIRECT & TOTAL INDIRECT PROJECT COSTS)	\$	_____

Project Budget Form Front

YEAR 2 (IF APPLICABLE)

SECTION 1: DETAILED BUDGET

Name of Applicant _____

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$		

FRINGE BENEFITS

RATE	SALARY BASE	IMLS	MATCH	TOTAL
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
_____	% of \$ _____	_____	_____	_____
TOTAL FRINGE BENEFITS		\$		

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HRS) ON PROJECT	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTATION FEES			\$		

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	MATCH	TOTAL
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS				\$		

Project Budget Form Back

YEAR 2

SECTION 1 CONTINUED

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES & EQUIPMENT		\$ _____	_____	_____

SERVICES

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES		\$ _____	_____	_____

OTHER

ITEM	BASIS/METHOD OF COST COMPUTATION	IMLS	MATCH	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF OTHER		\$ _____	_____	_____
TOTAL DIRECT PROJECT COSTS		\$ _____	_____	_____

INDIRECT COSTS

Select either item A or B and complete C. (see page 4.6 for an explanation of indirect costs)

Applicant is using:

- A. an indirect cost rate which does not exceed 20% of direct costs (use only if you have no current Federally negotiated rate)
- or*
- B. a current approved indirect cost rate negotiated with a Federal agency (copy of current rate agreement must be included in the application)

Name of Federal Agency

From: _____ To: _____
Effective dates of indirect rate as stated on agreement must be in effect as of October 1, 2003.

C. Rate	Base Amount				
_____	% of \$	_____	= TOTAL INDIRECT COSTS	\$	_____
TOTAL DIRECT COSTS			INDIRECT COSTS REQUESTED FROM IMLS	\$	_____
			INDIRECT COSTS CONTRIBUTED BY APPLICANT	\$	_____
			TOTAL PROJECT COSTS (TOTAL DIRECT & TOTAL INDIRECT PROJECT COSTS)	\$	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant _____

IMPORTANT! READ INSTRUCTIONS BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	MATCH / COST SHARING	TOTAL
SALARIES AND WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____

TOTAL PROJECT COSTS \$ _____**AMOUNT OF CASH – MATCH** \$ _____**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ _____**TOTAL AMOUNT OF COST SHARING** \$ _____**AMOUNT REQUESTED FROM IMLS** \$ _____

(DIRECT AND INDIRECT COSTS)

Have you received or requested funds for any of these project activities from another Federal agency? *(please check one)* Yes No

If yes, name of agency _____

Date _____

Amount requested \$ _____

Specifications for Projects Involving Digitization

1. Describe types of materials to be digitized (i.e., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each: _____

2. Identify copyright issues and other potential restrictions:

Public domain Permissions have been obtained

Permissions to be requested - Plan to address: _____

Privacy concerns - Plan to address: _____

Other - Explain: _____

3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): _____

4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (minimum resolution, depth, tone, pixels) :

Master _____

Access _____

Thumbnail _____

Formats for other media (e.g., audio, video, motion picture), include sampling rates if applicable _____

5. Describe the quality control plan: _____

6. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: _____

7. Explain how you will describe the content through metadata, including which standard you will use (e.g., MARC, EAD, Dublin Core): _____

8. Describe plans for preservation and maintenance of the digital files after the expiration of the grant period (i.e., storage systems, migration plans, and funding): _____

9. Describe your plans for preserving the original materials that you will digitize for this project.

10. Provide URL(s) for applicant's previously-digitized collections: _____
