

# **New York State Archives**

## **Local Government Records Management Improvement Fund (LGRMIF)**

### *Disaster Recovery Project Application Guidelines*

November 2007



The University of the State of New York  
The State Education Department  
New York State Archives  
Grants Administration and Program Support  
9A81 Cultural Education Center  
Albany, NY 12230  
518/474-6926

## Introduction

### Who can apply?

Disaster Recovery grants are available to all local governments in New York State, except New York City municipal agencies. There is no set annual deadline for disaster recovery grants; you may submit an application whenever a disaster occurs. **For the purposes of disaster recovery projects, a disaster is defined as:** *Damage caused by a sudden, unexpected event involving fire, water, man-made or natural phenomena where a **timely response** is necessary to prevent the irretrievable loss of vital or archival records, or to ensure reasonable, timely access to vital records.* The maximum amount for a disaster recovery grant is **\$20,000**.

When you experience a disaster, it is critical that you contact your State Archives Regional Advisory Officer (RAO) *immediately*. The RAOs and other State Archives staff are trained to offer technical advice on how to mitigate the effects of a disaster on your records. They can also determine whether you are eligible for disaster recovery funding and assist with identifying appropriate grant project activities. If you do apply for funding, the RAO prepares a site visit report, which constitutes a significant portion of your grant application.

You should also be aware that acceptance of other state or federal disaster recovery funds can affect your eligibility for Federal Emergency Management Agency (FEMA) money. FEMA funds are available only if your county or area has been officially declared a disaster area by the state or federal government. Consequently, it is imperative that you contact the State Emergency Management Office (SEMO) to inquire if your area has been declared a disaster area and if funding for records recovery will be available before applying for LGRMIF disaster grants. You can contact SEMO at (518) 292-2321 or visit their website at [www.semo.state.ny.us](http://www.semo.state.ny.us)

### About the LGRMIF

Disaster Recover grants are provided through the Local Government Records Management Improvement Fund, a dedicated fund to improve records management and archival administration in New York's local governments. The Local Government Records Management Improvement Fund (LGRMIF) is derived from fees that county clerks and the New York City Register collect for the recording of selected documents, including deeds and mortgages, and for the assignment of index numbers for certain court cases. The fund supports a regional program of technical advice and a program of grants, including disaster recovery grants, to local governments to improve the management of their records. The State Archives administers the fund, with advice from the Local Government Records Advisory Council (LGRAC).

As part of the LGRMIF grant program for New York City's municipal agencies, the Department of Records and Information Services (DORIS) offers disaster recovery grants. New York City municipal agencies that experience a disaster as defined above should contact DORIS for further information and assistance.

## Instructions for Applicants

### Role of RAO

As soon as you have contained the disaster, contact your RAO immediately for advice on minimizing its impact on your records. After directly assessing the situation, the RAO will determine whether you are eligible for disaster recovery funding. Disaster recovery grants are available to salvage or mitigate damage only to permanent records or to records that are essential to the resumption of normal business operations. If such records are in immediate danger or already damaged, the RAO will prepare a site visit report that will not only include recommendations for preventing further damage until you receive funding but will also function as your application narrative.

You are strongly encouraged to work closely with your RAO throughout the recovery period, regardless of whether or not you receive a grant.

### Damage to court records

If court records are involved, you should also immediately contact the Office of Court Administration (OCA) to discuss disposition of those records. You may reach OCA at 518-238-0183 ext. 240 or 212-428-2877.

### Parts of the application

You must submit the grant application to the State Archives' Grants Administration Unit within thirty days of the disaster, unless extenuating circumstances preclude this. A complete application consists of:

1. A grant application form (LG-AP – Disaster Recovery Grants), signed in blue ink.
2. A site visit report, which will be completed by your RAO. Directions for filling out the site visit report are included below under "Instructions for Regional Advisory Officers."
3. A proposed budget (FS-20 and other necessary budget forms), which you should complete in consultation with your RAO. Disaster grant funds may be used to support the following:

*salaries for project staff*, including clerical workers, laborers, and others;  
(Budget form BN-15)

*purchased services*, such as freeze drying, fumigating, some conservation, microfilming, storage, transportation (including moving), rental, and others;  
(Budget form number BN-40)

*costs of data and system recovery*, including consultants' and vendors' fees, associated hardware and software purchases, and others;

*supplies*, including acid-free boxes and folders, standard storage cartons, folders, cleaning materials, plastic milk crates, protective gear, and others;  
(Budget form BN-45)

*and any other expenses*, as justified.

The focus of the grant should be on information retrieval. Activities and purchases that merely improve the cosmetic look of the records are not allowed.

### **The Review Process**

The State Archives' Grants Administration and Program Support unit will forward your grant application to the disaster grant review team. The team, made up of representatives from the State Archives' Government Records Services, Archival Services and Grants Administration Units, reviews the application and makes recommendations.

The disaster recovery grant application and recommendations are submitted to the Local Government Records Advisory Council (LGRAC) Grants Committee and the LGRAC Chair.

Upon review and approval of a disaster recovery grant State Archives' Grants Administration Unit will notify the local government by fax, telephone, or e-mail, with a formal notification letter to follow.

### **LGRMIF requirements and forms**

Once an award is made, you are expected to follow the requirements of the LGRMIF grant program. Although you may submit a disaster recovery grant application at any time, as with other LGRMIF grants you must expend or encumber all funds by June 30.

You will receive 50% of your grant 2-4 weeks after you receive official notification of an award and return the grant acceptance form. You are encouraged to submit an FS-25, *Request for Funds for a Federal or State Project*, to receive up to an additional 40% of the grant. Mail a signed (in blue ink) FS-25 to: Grants Finance Unit, New York State Education Department, Room 510W EB, Albany, NY 12234.

If you make significant changes to your proposed budget, you must first contact your RAO to verify that the changes are valid and allowed. Upon approval from the RAO, submit an FS-10-A, *Proposed Amendment for a Federal or State Project*, to the State Archives' Grants Administration and Program Support unit.

At the conclusion of the project, you must complete a final budget report (FS-10-F short form) and *Final Project Performance Report Form* (FR-1). Final payment of your grant is contingent on receipt of these two final reports in the State Archives' Grants Administration and Program Support unit.

All of the application, fiscal and final report forms are available on the State Archives' website at [www.archives.nysed.gov/a/grantsawards/ga\\_lgrmif.shtml](http://www.archives.nysed.gov/a/grantsawards/ga_lgrmif.shtml).

## **Instructions for Regional Advisory Officers (RAOs)**

### **Site Visit Report**

The RAO should travel directly to the disaster site to provide immediate advice and support. If the RAO determines that a disaster recovery grant is merited, he/she will prepare a site visit report that should address the following:

1. Name of the local government
2. Person who contacted the Regional Advisory Officer
3. Date of contact by the local government
4. The exact nature of the disaster including its cause, exact location, time of occurrence, and impact on records.
5. Immediate steps taken by government.
6. Name, volume, format, and retention period of the affected records series.
7. Are any of the above essential to the resumption of normal business operations?
8. Are there backup copies offsite?
9. Do the damaged records pose a health hazard? If so, what?
10. Immediate recommendations from RAO.
11. Further RAO recommendations based on consultation with the local government, the appropriate State Archives staff, vendors, or other archival consultants.
12. Did the local government follow recommendations?
13. What should the government do to prevent this disaster from happening again?
14. Are there alternate sources of funding to provide for remediation, such as insurance, contractor liability, or federal sources of funding such as FEMA?
15. For what and why is the government requesting disaster recovery funding? Describe and explain all proposed recovery expenditures.

The site visit report should be included in the application packet.

## GOVERNMENT RECORDS SERVICES

*Geof Huth, Director, GRS*

*ghuth@mail.nysed.gov*

**David Lowry, Manager, Records Advisory Services**

*dlowry@mail.nysed.gov*

**Ann Marie Przybyla, Manager, Records Service Development**

*aprzybyl@mail.nysed.gov*

*9A47 Cultural Education Center, Albany, NY 12230*

**Phone (518) 474-6926 Fax (518) 486-4923**

<p><b>REGION 1</b> New York State Archives 55 Hanson Place, Suite 724 Brooklyn, New York 11217 Phone (718) 923-4300 or 923-4301 Fax: (718) 923-4302</p> <p><b>Brenda Parnes, RAO</b> bparnes@mail.nysed.gov</p> <p><b>Migdalia Torres, KS</b> mtorres@mail.nysed.gov</p>	<p><b>REGION 5</b> Utica State Office Building 207 Genesee Street, Room 404 Utica, NY 13501 Phone (315) 793-2780 or 793-2781 Fax (315) 793-2782</p> <p><b>R. Kent Stuetz, RAO</b> kstuetz@mail.nysed.gov</p> <p><b>Denise Russo, KS</b> drusso@mail.nysed.gov</p>	<p><b>REGION 8</b> Mahoney State Office Building 65 Court Street, Room 313 Buffalo, NY 14202 Phone (716) 847-7903 or 847-7904 Fax (716) 847-7905</p> <p><b>James M. Tammaro, RAO</b> jtammaro@mail.nysed.gov</p> <p><b>Lynn A. Fleck, KS</b> lfleck@mail.nysed.gov</p>
<p><b>REGION 3</b> Records Center Building 21, Suite 102 1220 Washington Avenue Albany, NY 12226-2152 Phone (518) 485-6233 or 485-6235 Fax (518) 485-6236</p> <p><b>Andrew Raymond, RAO</b> araymond@mail.nysed.gov</p> <p><b>Denise Chapman, KS</b> dchapman@mail.nysed.gov</p>	<p><b>REGION 6</b> Binghamton State Office Building 44 Hawley Street, Room 1604 Binghamton, NY 13901-4406 Phone (607) 721-8428 or 721-8429 Fax (607) 721-8431</p> <p><b>Suzanne Etherington, RAO</b> setherin@mail.nysed.gov</p> <p><b>Suzanne Todd, KS</b> stodd@mail.nysed.gov</p>	<p><b>REGION 9</b> 301 Manchester Rd., Suite 200-A Poughkeepsie, NY 12603 Phone (845) 485-2633 or 485-2634 Fax (845) 485-2635</p> <p><b>Linda Bull, RAO</b> lbull@mail.nysed.gov</p> <p><b>Vina Shah, KS</b> vshah@mail.nysed.gov</p>
<p><b>REGION 4</b> 820 State Rt. 9 1401-C Northway Plaza Queensbury, NY 12804 Phone (518) 798-5717 or 798-5759 Fax (518) 798-6119</p> <p><b>Denis Meadows, RAO</b> dmeadows@mail.nysed.gov</p> <p><b>Karen Strenkowski, KS</b> kstrenko@mail.nysed.gov</p>	<p><b>REGION 7</b> The Brookside School 220 Idlewood Road, Room 102 Rochester, NY 14618 Phone (585) 241-2827 or 241-2828 Fax (585) 241-2826</p> <p><b>Gail A. Fischer, RAO</b> gfischer@mail.nysed.gov</p> <p><b>JoAnne Ferris, KS</b> jferris@mail.nysed.gov</p>	<p><b>REGION 10</b> Suffolk State Office Building Room 2B-46B Veterans Memorial Highway Hauppauge, NY 11788-5501 Phone (631) 952-6864 or 952-6866 Fax (631) 952-6867</p> <p><b>Lorraine Hill-Campbell, RAO</b> lhillcam@mail.nysed.gov</p> <p><b>Donna L. Deckelman, KS</b> ddeckelm@mail.nysed.gov</p>

State Agency Services- Jennifer O'Neill- Supervisor *joneill@mail.nysed.gov*

## Grant Project Application (LG-AP) 2007–2008

DO NOT WRITE IN THIS SPACE	
Log Number	Date Received

### Disaster Recovery Grant

Local Government ( <i>Name</i> )		Department/Unit (REQUIRED)		County
<b>Chief Administrative Officer</b> ( <i>Last Name, First Name, Mr./Ms.</i> )				
Title	Telephone Number/Extension ( )	Fax Number ( )	E-mail Address	
Address ( <i>Street, City, Zip Code</i> )				
<b>Project Director</b> ( <i>Last Name, First Name, Mr./Ms.</i> )				
Title	Telephone Number/Extension ( )	Fax Number ( )	E-mail Address	
Address ( <i>Street, City, Zip Code</i> )				
<b>Records Management Officer (RMO)</b> ( <i>Last Name, First Name, Mr./Ms.</i> )			Same person as Project Director <input type="checkbox"/>	
Title	Telephone Number/Extension ( )	Fax Number ( )	E-mail Address	
Address ( <i>Street, City, Zip Code</i> )				
RMO appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Appropriate schedule adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Year RMO was appointed:		Year schedule was adopted:		

**Application Type (Check one):**  Individual  Cooperative

**Amount Requested:** \$  .00

**Project Summary** (Complete in this box. Describe project, including scope, objectives, and description of records.)

## Certification and Approval

The following signatures certify that the local government agrees to the conditions outlined in *Appendix A* and *Appendix A-1 G*.

I hereby certify that I am either the applicant's Chief Administrative Officer or the Records Management Officer (RMO), and that the information contained in this application is, to the best of our 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 state laws and regulations, application guidelines and instructions, and that the requested budget amounts are necessary for the implementation of this project. I understand that this application constitutes an offer and, if accepted by the New York State Education Department or renegotiated to acceptance, will form a binding agreement. I also understand that immediate written notice will be provided to the grants program office if at any time I learn that its certification was erroneous when submitted, or has become erroneous by reason of changed circumstances.

CHIEF ADMINISTRATIVE OFFICER	
Signature (in blue ink)	Date
Type or print the name and title of the Chief Administrative Officer	
RECORDS MANAGEMENT OFFICER (RMO)	
Signature (in blue ink)	Date
Type or print the name and title of the Records Management Officer	Telephone Number/Extension
DO NOT WRITE IN THIS SPACE	
<b>Reviewed by</b> _____	<b>Date</b> _____

**Submit an original and eight (8) copies to:**

New York State Archives  
Grants Administration Unit  
9A81 Cultural Education Center,  
Albany, NY 12230

Please also submit your application electronic, if possible, to [archgrants@mail.nysed.gov](mailto:archgrants@mail.nysed.gov)

Your application must include:

- Application cover sheet
- Site visit report from Regional Advisory Officer
- Budget Narrative form (LG-BN)
- Budget Summary form (FS-20)

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

<b>Specific Position Titles</b>	<b>Hours Worked</b>	<b>Rate of Pay</b>	<b>Proposed Expenditure</b>
TOTAL (FS-20, Budget Summary Form)			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Salaries for Professional Staff (Code 15)

### Table

Provide the specific position title, number of hours needed, hourly rate of pay, and total project salary for each staff person you propose to pay with grant funds. Include only staff who will be professional employees of your local government in this budget code. Do not include consultants, per diem staff, or support staff.

### Narrative

Explain in detail how these positions will support project activities and goals. Clearly outline the responsibilities of each position, describe the project-related activities, and demonstrate why the requested number of hours are needed.

### Eligible Expenditures

Grant funding must be used only to pay staff involved with project-related activities. You may use grant funds to hire new staff or increase work hours of existing staff to carry out project-related work. If you are proposing to transfer existing staff to grant funds, justify the need and explain how these staff will be replaced in their former assignments using non-grant funds.

### Note to Town Applicants

Refer to Sections 27 and 108 of the Town Law, which prescribe procedures for changes in the town clerk's salary. If the town clerk will direct or carry out the project *with funds from the grant* in addition to his or her regular duties, the application should clearly state that the clerk will perform these grant duties separately from and beyond his or her existing duties as town clerk or RMO. If the town receives a grant, the town board should adopt a resolution designating the clerk by an appropriate title (such as "project director") for the project work. The resolution should specify that the project duties will be performed separately from and beyond the person's responsibilities as town clerk or Records Management Officer.

### Other Required Forms

Complete a *Project Position Description Form* (LG-5) for each position that grant funds will support in whole or in part.

**SALARIES FOR SUPPORT STAFF: Code 16**

<b>Specific Position Titles</b>	<b>Hours Worked</b>	<b>Rate of Pay</b>	<b>Proposed Expenditure</b>
TOTAL (FS-20, Budget Summary Form)			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## **Salaries for Support Staff (Code 16)**

### **Table**

Provide the specific position title, hours needed, hourly rate of pay, and total project salary for each support staff you intend to pay with grant funding. Include only those individuals who will be support staff of your government in this budget code. Do not include consultants, per diem staff, or professional staff.

### **Narrative**

Justify in detail the need for these positions and explain how they will support project activities and goals. Clearly outline the responsibilities of the position and demonstrate why the requested number of hours are needed.

### **Eligible Expenditures**

You may use grant funds to hire new staff or increase work hours of existing staff to carry out project-related work. If you propose to transfer existing staff to grant funding, justify the need and demonstrate that you will replace these staff in their former assignments using non-grant funds. Demonstrate that grant-funded salaries will be used only to support project-related activities.

### **Note to Town Applicants**

Refer to Sections 27 and 108 of the Town Law, which prescribe procedures for changes in the town clerk's salary. If the town clerk will direct or carry out the project *with funds from the grant* in addition to his or her regular duties, the application should clearly state that the clerk will perform these grant duties separately from and beyond his or her existing duties as town clerk or RMO. If the town receives a grant, the town board should adopt a resolution designating the clerk by an appropriate title (such as "project director") for the project work. The resolution should specify that the project duties will be performed separately from and beyond the person's responsibilities as town clerk or Records Management Officer.

### **Other Required Forms**

Complete a *Project Position Description Form* (LG-5) for each position that grant funds will support in whole or in part.

**EQUIPMENT: Code 20**

Description of Item	Quantity	Unit Cost	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Equipment (Code 20)

### Table

Briefly describe the item to be purchased and specify quantity, unit cost, and proposed expenditure.

### Narrative

Describe how this equipment will be used to support project activities and goals. Be sure to address how this equipment is important to records management needs. Demonstrate that such equipment is critical to the project and will be used on an ongoing basis after the grant to support records management.

### Other Required Forms

A *Vendor Quote Form* (LG-6) must be completed for each proposed item with a unit cost over \$5,000.

### Eligible Expenditures

- ◆ Equipment with a unit cost of \$5,000 or more. Budget equipment with a unit cost under \$5,000 (steel shelving) under Code 45, Supplies and Materials.

### Ineligible Expenditures

- ◆ Photocopiers
- ◆ Office furniture

**MINOR REMODELING: Code 30**

<b>Description of Work to be Performed</b>	<b>Proposed Expenditures</b>
TOTAL (transfer to FS-20, Budget Summary Form)	

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Minor Remodeling (Code 30)

### Table

Briefly describe and provide the cost of each proposed remodeling activity.

### Narrative

Justify the need and describe the plan for the remodeling project. Explain how it will support the project goals outlined in the Application Narrative.

### Eligible Expenditures

Any facility proposed for minor remodeling must be in existence before the grant application deadline. Activities eligible for funding under Minor Remodeling include, but are not limited to

- ◆ feasibility studies and facility design
- ◆ renovations to facilities to improve them for records storage, or to prepare them for the installation of eligible equipment (including labor and construction materials)
- ◆ installation of fire detection and suppression systems and water detectors
- ◆ purchase, modification, and installation of heating, ventilating, and air conditioning systems to control temperature and humidity
- ◆ installation of walls, doors, locks, alarms, and other security systems to secure a records storage facility
- ◆ minor modifications necessary to install microfilming or other project-related equipment
- ◆ actions required to render the facility safe for occupancy and use by staff

### Ineligible Expenditures

- ◆ Purchase or construction of facilities, or additions to existing structures
- ◆ Construction of or repairs to the roof, exterior walls, or foundation of a building

### Other Required Forms

- ◆ Applicants must complete a *Vendor Quote Form* (LG-6) for any single remodeling activity that exceeds \$5,000 or for any request where any one vendor will receive over \$5,000. If one contractor is responsible for multiple activities, the quote from that contractor must provide a breakdown of costs by activity.
- ◆ Include a floor plan of any records storage area that is the focus of a remodeling project.

**PURCHASED SERVICES: Code 40**

<b>Description of Item</b>	<b>Provider of Services</b>	<b>Calculation of Cost</b>	<b>Proposed Expenditure</b>
<b>TOTAL (transfer to FS-20, Budget Summary Form)</b>			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Purchased Services (Code 40)

### Table

Identify the type of service by general category (such as training, software installation, rentals), and provide the total expenditure for each. Indicate the number of days or hours a consultant will work, multiplied by a daily or hourly fee. List purchased services from a BOCES under Code 49.

### Narrative

In the narrative, describe how the purchased services support project activities and goals. List the names of individual vendors or consultants, if applicable. Clearly explain and justify the consultant's role in and time spent on the project. If you have identified a consultant or vendor, provide information on their qualifications.

### Eligible Expenditures

- ◆ Consultants to train staff, conduct studies, and recommend records management policies and procedures
- ◆ Production of manuals, finding aids, teaching guides, or other publications directly related to the project
- ◆ Other contractual services such as microfilming, imaging, paper recycling, and Internet services
- ◆ Rental fees for the grant year for shredders and other equipment, temporary records storage space, and server space. Fees for renting space may be payable to commercial or other agencies but not to the applicant.
- ◆ Tuition and registration fees for records management courses, workshops, and conferences as long as these courses are directly related to the proposed project (textbooks and other supplies should be requested under Code 45; travel costs should be requested under Code 46)

### Ineligible Expenditures

- ◆ An employee of a local government may not serve as a consultant to that local government.
- ◆ Ongoing expenses, such as routine repairs, building maintenance, magazine subscriptions, membership fees, systems maintenance, and rental fees
- ◆ Hiring a grantwriter

### Other Required Forms

- ◆ If the fee paid to consultants or vendors from grant funds exceeds \$5,000, applicants must submit three quotes and complete a *Vendor Quote Form* (LG-6). The quotes must clearly delineate individual project costs (such as travel, staff training, equipment installation) and hours for each service provided.
- ◆ A *Project Position Description Form* (LG-5) must be completed for each consultant.
- ◆ If you identify a specific consultant, submit that consultant's résumé with the application.

**SUPPLIES AND MATERIALS: Code 45  
AND EQUIPMENT LESS THAN \$5,000**

Description of Item	Quantity	Unit Cost	Proposed Expenditure
TOTAL (transfer to FS-20, Budget Summary Form)			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Supplies and Materials (Code 45)

### Table

Briefly describe each requested item and specify quantity, unit cost, and proposed expenditure. Request any equipment items with a unit cost of less than \$5,000 and **all** computer software, regardless of the unit price, under this budget code.

### Narrative

Describe how each of the supplies and materials itemized under this code will support project activities and goals.

### Eligible Expenditures

- ◆ Supplies, such as shelving<sup>1</sup>, storage boxes<sup>2</sup>, records management software, alkaline supplies (folders and boxes), and equipment with a unit cost of less than \$5,000
- ◆ Side-tab file folders for files management projects
- ◆ All computer software, regardless of the unit price
- ◆ Lateral open shelving with pull-down or flip-down locking doors
- ◆ Fire-resistant file cabinets are also eligible

### Ineligible Expenditures

- ◆ Standard file cabinets, including lateral file cabinets.
- ◆ Office furniture
- ◆ Office supplies, such as tape measures, calculators, marking pens, toner, printer paper, and file folders.
- ◆ Wooden shelving of any kind, including shelving with particle board decking
- ◆ Records center cartons other than standard cubic-foot boxes, unless the applicant provides sufficient justification for their purchase

### Other Required Forms

- ◆ Applicants must submit three quotes and complete a *Vendor Quote Form* (LG-6) for computer software costing more than \$5,000.
- ◆ For shelving purchases, include a floor plan indicating the number of boxes you will store on each unit.

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<sup>1</sup> For information on appropriate shelving for records storage, consult State Archives Publication #65, *Recommendations for Shelving for Inactive Records Storage*.

<sup>2</sup> Standard one-cubic-foot records storage cartons (10" x 12" x 15") may be purchased through the New York State Industries for the Disabled, 155 Washington Avenue, Suite 400, Albany, NY 12210; telephone (518)463-9706. Available in lots of twenty-five at \$33.22/case (approximately \$1.33/box), plus freight (approximately \$8-\$9 per case), for orders under \$300. Grant funds will not be approved for cartons in excess of this price.

**TRAVEL EXPENSES: Code 46**

<b>Position of Traveler</b>	<b>Purpose</b>	<b>Calculation of Cost</b>	<b>Proposed Expenditure</b>
TOTAL (transfer to FS-20, Budget Summary Form)			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## **Travel Expenses (Code 46)**

### **Table**

Identify the purpose of travel, position of the person traveling, proposed mileage rate (if applicable), and total expenditure.

### **Narrative**

Explain how the proposed travel will help achieve project goals as outlined in the application.

### **Eligible Expenditures**

- ◆ Travel to State Archives workshops and to other educational opportunities directly related to the project (such as computer training or conferences)
- ◆ Expenses for travel to a conference, including registration fees, lodging, meals, bus or train fares, and mileage reimbursement, if the conference relates directly to the project
- ◆ Airfare, if you can clearly demonstrate that it is the most cost-efficient method of travel available.
- ◆ Mileage reimbursement for project staff who must travel in excess of their regular commute. Use your local government mileage rate or the current state rate of \$0.445 per mile to estimate mileage.

### **Ineligible Expenditures**

- ◆ Expenses associated with conferences and other events that do not relate directly to the proposed project

**PURCHASED SERVICES WITH BOCES: Code 49**

<b>Description of Services</b>	<b>Name of BOCES</b>	<b>Calculation of Cost</b>	<b>Proposed Expenditure</b>
<b>TOTAL (transfer to FS-20, Budget Summary Form)</b>			

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## **Purchased Services with BOCES (Code 49)**

### **Table**

Briefly describe the proposed services. Provide the name of the BOCES providing the service, calculation of cost, and total proposed expenditure.

### **Narrative**

Describe how the purchased services with BOCES support project activities and goals.

### **Eligible and Ineligible Expenditures**

See the list of eligible and ineligible expenditures under general purchased services (Code 40)

**EMPLOYEE BENEFITS: Code 80**

Benefit	Proposed Expenditure
Social Security, Retirement (NYS Teachers, NYS Employees, Other), Health Insurance, Worker's Compensation, Unemployment Insurance, Other (Identify)	
TOTAL (transfer to FS-20 Budget Summary Form)	

**Narrative:**

\* Use only whole dollar amounts. If additional space is needed, please attach extra sheets.

## Employee Benefits (Code 80)

### Table

Provide an itemized list of all benefits to be paid. Agencies may choose to calculate the proposed employee benefits using their agency's fringe benefits (FB) rate or itemizing the specific benefits. The FB Rate for project personnel must be the same as those used for other agency personnel.

### Narrative

Justify the need for using grant funds to pay staff benefits. Fringe benefits should not exceed 35% of the cost of salaries requested unless you **provide convincing justification for requests in excess of this limit.**

### Eligible Expenditures

- ◆ Employee benefits payable to professional staff and support staff identified in Code 15 and Code 16, respectively
- ◆ Benefits equal to no more than 35% of the salaries for professional and support staff positions supported by grant funds
- ◆ Benefits in excess of 35% that are adequately justified

### Ineligible Expenditures

- ◆ The amount of benefits in excess of 35% of salaries if you have not adequately justified that amount.



**BUDGET SUMMARY**

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost (IC)* (Amount from "C" below)	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

*A. Modified Direct Cost Base	\$
B. Approved Restricted IC Rate	%
C. (A) x (B) = Indirect Cost (Be sure to put total in Code 90 above)	\$

**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**  

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**Project #**  

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**Contract #**  

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**Agency Name:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Approved  
Funding Dates: \_\_\_\_\_  
From
To

Program Approval: \_\_\_\_\_

Date: \_\_\_\_\_

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<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>

\_\_\_\_\_  
Voucher #
\_\_\_\_\_  
First Payment