

Local Government Records Management Improvement Fund

Grant Project Final Report Form 2009 – 2010 (FR-1)

Project Number: 0580 – 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Project Category:	
Project Subcategory:	
Local Government Name:	
Project Director:	
Report Completed by:	Date:
Telephone:	Email:
Project Summary: Please supply in the space provided a brief summary of your project – what you accomplished, how you accomplished it and any improvements realized.	
1. To your best estimate, what percentage of the project as funded was completed? _____% If the project was not 100% completed, please explain why?	
2. A. Was the project completed on schedule? <input type="checkbox"/> yes <input type="checkbox"/> no B. What was its duration from start to finish? Start Date _____ End Date _____ Comments:	
3. What percentage of the grant funds were expended? _____% If less than 100%, please explain why:	
4. A. Were there any amendments (FS-10-A forms) processed to the project budget? <input type="checkbox"/> yes <input type="checkbox"/> no B. Were there any changes made not requiring an amendment to the project budget? <input type="checkbox"/> yes <input type="checkbox"/> no If yes to either, please indicate how many and for what purposes:	
5. A. Did you or other staff from your local government attend any workshops presented by the State Archives related to this grant project? <input type="checkbox"/> yes <input type="checkbox"/> no B. Were those workshops helpful in completing the project? <input type="checkbox"/> yes <input type="checkbox"/> no Comment:	

6. A. Did you or other staff from your government refer to State Archives publications during the project? yes no
B. Were they of use in conducting your project? yes no
Comment:

7. A. Did you or other staff from your government visit the State Archives web-site during the project? yes no
B. Was it of use to you in conducting the project? yes no
Comment:

8. What was the most important outcome of the project and why was it important?

9. Explain the continuing beneficial effect for both your local government and your records management program?

10. What was the most serious obstacle, if any, you faced in the successful completion of the project and why?

11. What are the plans in place to continue the activity begun during the project in order to maintain its results?

12. A. Did you or your staff have contact with your Regional Advisory Officer during this project?
Comment:

B. Did you or your staff have contact with a State Archives Albany based staff person during the project?
Comment:

13. Please attach any other information you feel is pertinent to this report.

Budget Summary

Provide below information on your expenditures of the grant funds you received. The total for each code should match the total you provided on your FS-10-F Short Form. You may add additional sheets if needed.

Personnel (codes 15 and 16) – who did you hire, for how many hours (days/weeks) did that person work and what was his/her rate of pay

Purchased services (code 40) – what consultant or contractor did you use and what was the rate of pay

Supplies and materials (code 45) – you do not need to provide item by item, but some summary of your supply purchases

Travel expenses (code 46) – who traveled, to where, and what was covered (mileage, hotel, etc)

Employee benefits (code 80) – cost for personnel hired and how it was calculated

BOCES Services – the nature of the service and how the cost was calculated

Minor remodeling – list each contractor, the service provided and what they were paid

Equipment – the item of equipment, the vendor who provided it, and the cost

Category	Budget code	Description of expenditure(must be included)	Total
Professional Salaries	15		
Support Staff Salaries	16		
Purchased Services	40		
Supplies and Materials	45		
Travel Expenses	46		
Employee Benefits	80		
BOCES Services	49		
Minor Remodeling	30		
Equipment	20		
		Grand Total (this should match the total on your FS-10-F Short Form)	

Instructions for Completing the 2008 - 2009 Grant Project Final Report Form (FR-1)

The *Grant Project Final Report Form* serves as a permanent record of your project's activities and accomplishments. This report provides your local government with an opportunity to examine its program and consider new ways of solving its records and information management problems. This report is also a means to inform your local government's chief executive officer and legislative body about the project and the importance of records management.

On the first page, enter the Project Number, Project Category/Subcategory, name of the Local Government, name of the Project Director, who Completed the Report with contact information and the Date. The Archives uses the Project Number, found on the award notification letter, to track all transactions and correspondence related to this grant award. Provide a summary of your project explaining expenses and how they were spent. Answer Questions 1-12 supplying additional comments or explanations as needed. As Question 13 indicates, any other information pertinent to this report should be attached to both the original and the copies. Lastly, the Budget Summary page provides a breakdown of how the grant funds were expended. This page must include a brief description of all expenditures.

Cooperative Projects

For cooperative projects, the lead local government receiving and accepting a grant on behalf of all project participants is responsible for administering the grant project. The lead local government is responsible for preparing and submitting the *Grant Project Final Report Form* to the Archives. For cooperative projects, the form must describe project activities and accomplishments as they relate to all participating local governments.

Educational Uses Projects

In addition to this form, Educational Uses Project grantees must submit 1) the *Final Report for Educational Uses Projects*; 2) a copy of any teaching materials, informational brochures, workshop packets or any other materials produced as part of this project; and 3) a list of all teachers participating in this project, including their name, address, school name, and the grade and discipline they teach.

Historical Records Projects

In addition to this form, Historical Records Project grantees must submit *the Statistical Report for Historical Records Projects*, and two (2) copies of any products, such as brochures, finding aids, MARC records, consultant reports, press releases, or any other materials (exclusive of microfilm) produced as part of this project.

Mailing Address

Submit two copies of the *Grant Project Final Report Form* and any supplemental material no later than July 31, 2009 to the Grants Administration Unit at the address below. Submit a separate copy of this material to the appropriate Regional Advisory Officer.

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

Archgrants@mail.nysed.gov 518 - 474 - 6926 www.archives.nysed.gov