New York State Library

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

The Discretionary Grant Application Process

Contact Information

Division of Library Development, New York State Library

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

New York State Library

Program Overview

Program Overview

- Source: State funding
- Amounts: Total is $500,000 per year.
  - Minimum grant award is $2,500; maximum grant award is $45,000
- Purpose: To support the preservation of library research materials with significant research value
- Timeframe: One year project period, July 1- June 30;

Eligible Materials

- Research materials: *primary value is informational*

- Formats:
  - Paper-based: books, journals, newspapers, documents, maps, architectural drawings and so on….
  - Media: photographic prints and negatives, sound recordings,

Eligible Applicants

Eligible applicants include those:

- 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 10 designated comprehensive research libraries
- New York State agencies and collections which are part of state agencies, including New York State Historic Sites (but SUNY colleges are eligible!)

Eligible expenditures

- personnel costs
- service and consultant contracts
- supplies and equipment

Ineligible expenditures (not an exhaustive list):

- general operating expenses, indirect costs or overhead charges
- the acquisition of research materials
- capital expenditures/building construction
- computer equipment
- salaries or benefits for existing personnel

Fundable activities

Surveys, storage, and environmental controls

YES:

- Environmental surveys

NO:

- General planning surveys or preservation surveys (see DHPSNY!)

YES:

- Installation of HVAC in collection storage areas

NO:

- Interim/stop-gap environmental controls

YES:

- Specialized shelving or storage furnishings

NO:

- Standard library shelving

Fundable activities

Reformatting to microform

YES:

- Preservation quality microfilm or microfiche
- Color microforms

NO:

- Microform readers

All microform reformatting projects must adhere to the Microform Guidelines included in the grant RFP.

Fundable activities

Reformatting- other than microforms

YES:

- Photographic negative duplication
- Copy prints of photographic images
- Sound recordings

NO:

- Digitization of paper or photographs

Fundable activities

Physical treatment

YES:

- Collection cleaning projects
- Protective enclosures
- Rebinding, minor repairs & mending
- Major conservation treatments

NO:

- Basic housekeeping
- Physical processing

Fundable activities

Other

YES:

- Disaster recovery
- Research
- Specialized training
- Bibliographic activities

NO:

- Preparing disaster plans
- Purchasing emergency supplies
- Exhibitions
- Publishing guides or catalogs

Standards and vendor qualifications

- Work must be done in accordance with established standards and best practices.

- Supporting documentation for any vendors or consultants must be included:
  - Written estimates
  - Resumes
  - Plans of work
  - Justification for selection

- Qualifications of key project personnel must be provided.

Applications submitted without supporting documentation attached may result in disqualification.

New York State Library

Application Process

Prequalification

- Not-for-profit applicants are required to register in the Statewide Financial System (SFS) and complete the Vendor Prequalification process.

- Start early! The prequalification process can take several weeks. **The prequalification process must be completed by the application deadline**.

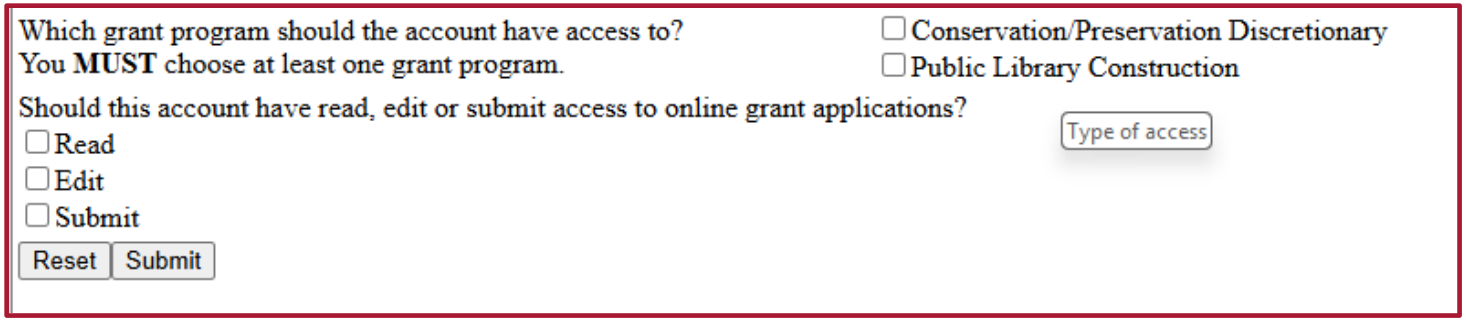
- Certain documents need to be submitted yearly to maintain prequalification.

- Link to SFS prequalification resources.

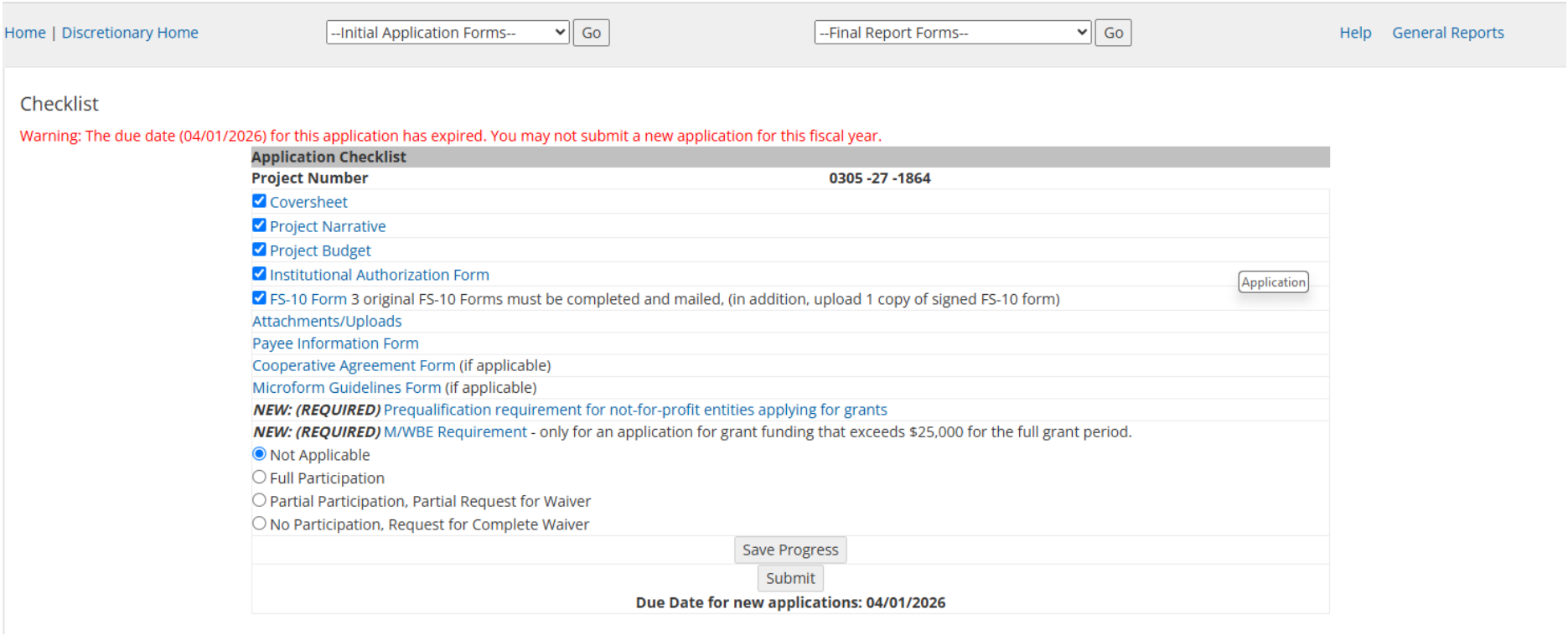
Application Portal

Applications are submitted through the LDGrants portal.

Use this link to request an account!



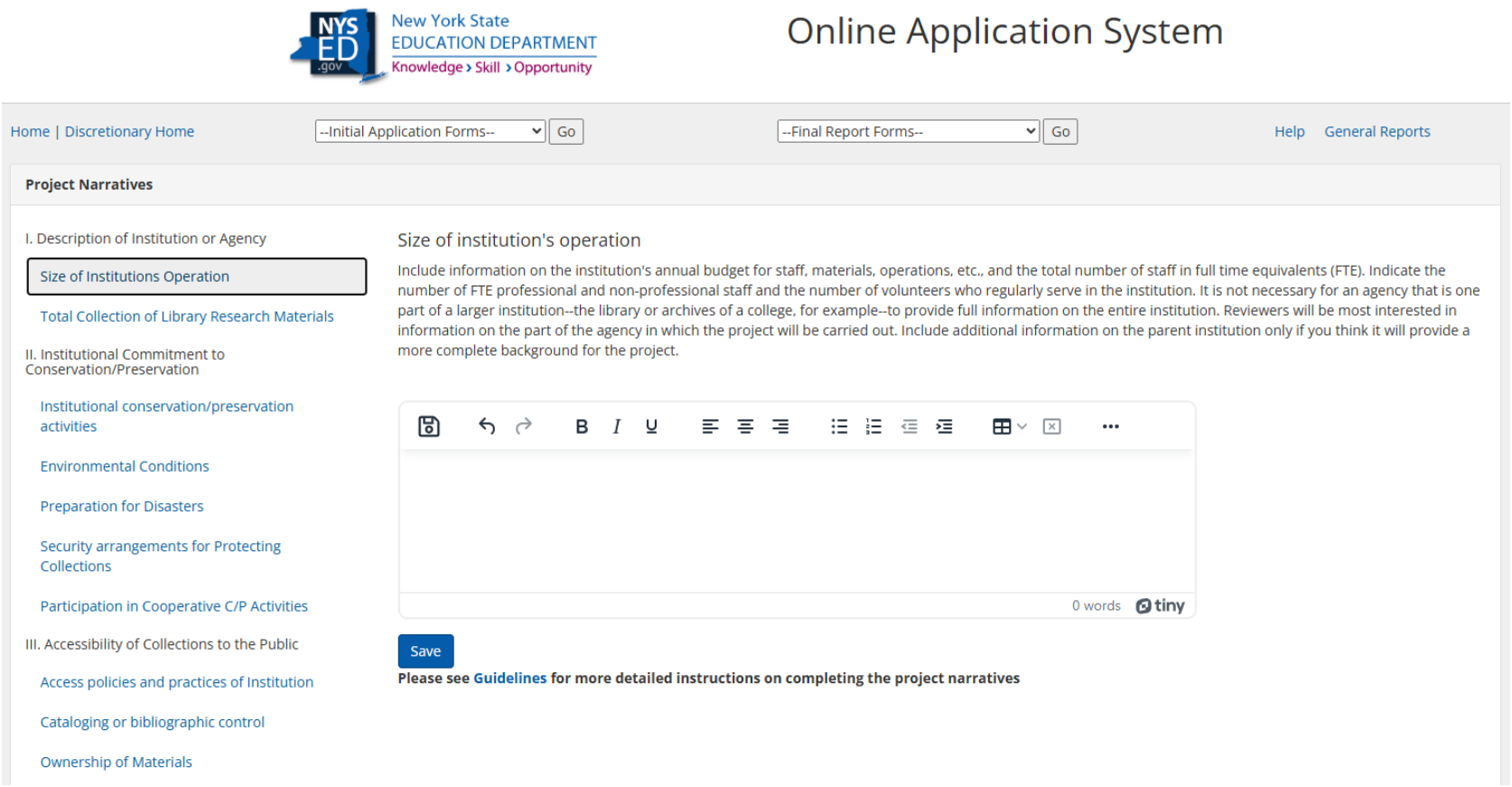
Application Checklist



New York State Library

Project Narrative

Narratives


New York State
EDUCATION DEPARTMENT
Knowledge › Skill › Opportunity
Online Application System
Home | Discretionary Home
--Initial Application Forms--
Go
--Final Report Forms--
Go
Help
General Reports
Project Narratives
I. Description of Institution or Agency
Size of Institutions Operation
Total Collection of Library Research Materials
II. Institutional Commitment to Conservation/Preservation
Institutional conservation/preservation activities
Environmental Conditions
Preparation for Disasters
Security arrangements for Protecting Collections
Participation in Cooperative C/P Activities
III. Accessibility of Collections to the Public
Access policies and practices of Institution
Cataloging or bibliographic control
Ownership of Materials
Size of institution's 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. It is not necessary for an agency that is one part of a larger institution--the library or archives of a college, for example--to provide full information on the entire institution. Reviewers will be most interested in information on the part of the agency in which the project will be carried out. Include additional information on the parent institution only if you think it will provide a more complete background for the project.
0 words
tiny
Save
Please see Guidelines for more detailed instructions on completing the project narratives

I. Description of Institution

- **Size of the institution's operation**
  - annual budget for staff, materials, operations, etc.
  - total number of staff in full-time equivalents (FTE)

- **Total collection of library research materials**
  - the size of the collection and types of materials held
  - collecting policy and sources of acquired materials
  - expenditure for acquisitions and number of items acquired in the past year
  - other relevant background information on the nature and use of the collection

II. Institutional Commitment To Conservation/Preservation

- Institutional conservation/preservation activities
- Environmental conditions in which preserved materials will be stored
- Preparations for disasters
- Security arrangements for protecting the collections

III. Accessibility of Collections to the Public

- Access policies and practices of the institution
- Cataloging or other bibliographic controls
- Ownership of materials

IV. Research Value of Materials to be Preserved

- Description of materials to be preserved with grant funds
  - Subject area and content
  - Format and quality
  - Condition and specific preservation problems

How do the materials form a coherent body?

How do they fit into the institution's overall collection policy?

What type of research are they likely to be used for?

IV. Research Value of Materials to be Preserved

Significance of the materials for research

What is the long-term historical significance of the materials? Short-term topical significance?

What is the current level of demand for the material?

Is it of local, regional, national importance?

Are there other similar collections in other institutions?

Bonus: any past projects, exhibits, publications based on research from this collection

V. Plan of Work

Timetable

- beginning and ending dates;
- hiring dates and duration of work for new personnel;
- schedules for existing staff;
- consulting schedules, including due dates of reports;
- all other significant activities proposed for the project.

V. Plan of Work

Conservation/preservation activities to be carried out during the project

- Work to be performed
- Materials and techniques being used
- Vendor proposals and cost estimates

V. Plan of Work

Personnel and vendors involved in the project

- Project manager
- Existing staff to be used
- Personnel to be hired
- Consultants
- Vendors
- Qualifications

VI. Institutional Contribution to the Project

Included in project budget

- Contributions of staff time by existing institutional staff.
- Financial contribution toward the overall costs of the project

Supporting Documentation

Required for all applications:

- Institutional Authorization Form
- Resumes
- FS-10 Form
- Payee Form

Required depending on project activities:

- Supporting vendor/consultant documentation
- Microform Guidelines Form
- Cooperative Application Agreement Form
- MWBE forms (over $25,000)

Entering the Project Budget

- Five categories for expenditures- Personal Services, Benefits, Contracted Services, Supplies & Equipment, and Travel
- All projected expenditures should be included even if they will be paid with institutional funds.
- Access budget through application checklist or drop-down menu.

Personal Services

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.
"FTE" (full time equivalent) is the numerical representation of full or part time activities. A person working full time is represented by an FTE of 1.0, a person working half-time is 0.5 FTE, and so on.

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
				0	Professional
ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
$0		0	$0	$0	$0

Delete

Save Personal Expenses

Personal Service Totals

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

Grand Totals for all Budget Categories

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

Employee Benefits

Project Budget

II. Employee Benefits

List all persons to be employed by the project as described under "Personal Services." Fill in the appropriate amount of benefits to be paid for the time they will work on the project

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		Benefits Percentage (decimal)		Salary*FTE	BenefitsAmt
ProjTotal	**InstContrib**	**AmtRequested**	**AmtApproved**	**ExpSubmitted**	**ExpApproved**
$0		0	$0	$0	$0

Delete

Save Benefit Expenses

Employee Benefits Totals

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

Grand Totals for all Budget Categories

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

Contracted Services

III. Contracted Services

List all services to be purchased for the project, arranged, as appropriate, under Consultant Services or Contracted Services. Attach cost estimates, bids, or other supporting data in an appendix.

- Consultant Services: include 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. Provide the number of days the consultant is being hired for and their daily rate.

- Contracted Services: include professional or technical activities that will be performed by commercial vendors or qualified individuals. Contractual services are normally used for projec 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

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

Service Type	Consultant/Vendor	Description

ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
$0		0	$0	$0	$0

Delete

Save Contract Expenses

Contracted Service Totals

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

Supplies, Materials, & Equipment

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--the vendor's cost estimate will include the cost of materials as well as labor

List all equipment that has a unit cost of $5,000 or more that will be purchased for use during the project. Equipment items under $5,000 should be budgeted under "Supplies and Materials." Include cost estimates, bids, or other supporting data as an attachment.

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
0		0	0		Supplies & Materials

ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
$0		0	$0	$0	$0

Delete

Save Supply Expenses

Supplies, Materials, Equipment Totals

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

Grand Totals for all Budget Categories

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

Travel Expenses

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

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

Description	Purpose	Calculation of cost

ProjTotal	InstContrib	AmtRequested	AmtApproved	ExpSubmitted	ExpApproved
$0		0	$0	$0	$0

Delete

Save Travel Expenses

Travel Expense Totals

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

Grand Totals for all Budget Categories

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

FS-10

FS10, FS10A, FS10F Forms

NOTICE: You must fill out your Project Budget first before printing the FS-10 form. The 'amount requested' from each of your Project Budget records will be transferred to your FS-10 form. If your FS-10 form is blank, make sure you have saved your Project Budget records first.

The **FS-10** form must be printed and completed with your application. Mail three original FS-10 Forms with original signatures in **blue ink** to:

CONSERVATION/PRESERVATION PROGRAM
ATTN: Holly Peacock
DIVISION OF LIBRARY DEVELOPMENT
NEW YORK STATE LIBRARY
10B41 CULTURAL EDUCATION CENTER
222 MADISON AVENUE
ALBANY, NY 12230

HTML FS10 form
PDF FS10 form (PDF format preferred)

FS10-Budget Summary

BUDGET SUMMARY

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	$0.00
Support Staff Salaries	16	$0.00
Purchased Services	40	$0.00
Supplies and Materials	45	$0.00
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		$0.00

Agency Code	010100870001
Project #	0305 -25 -0718
Contract #	
Federal Employer ID #	
Agency Name	Nys Dept Of Education

For Department Use Only

Funding Dates:	07/01/2024	06/30/2025
	From	To
Program Approval:		
Date:		

FS-10 Certification

CHIEF ADMINISTRATOR'S CERTIFICATION

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812).

Date_____ Signature_____

Name and Title of Chief Administrative Officer

Minority & Women Owned Business Enterprises (M/WBE)

- All applications for funding over $25,000 are subject to M/WBE requirements. (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)

- 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

MWBE-Required Documents

- Required Documents

Form	Full Participation	Partial Participation	No Participation
Goal Calculation Worksheet	Y	Y	Y
Cover Sheet	Y	Y	Y
Utilization Plan	Y	Y	N
Notice of Intent to Participate	Y	Y	N
Request for Waiver	N	Y	Y
Contractor Good Faith Efforts	N	Y	Y
EEO Staffing Plan	Y	Y	Y

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

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

Payee 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): ☐☐-☐☐☐☐☐☐☐

NYS Vendor Identification Number:* ☐☐☐☐☐☐☐☐☐☐

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: ☐☐☐☐☐☐☐☐☐☐☐☐

(2) Expiration Date on SAM: _____

Payee 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

Submit the Application

Application Checklist

Project Number **0305 -27 -1864**

- [x] Coversheet
- [x] Project Narrative
- [x] Project Budget
- [x] Institutional Authorization Form
- [x] FS-10 Form 3 original FS-10 Forms must be completed and mailed, (in addition, upload 1 copy of signed FS-10 form)

Attachments/Uploads

Payee Information Form

Cooperative Agreement Form (if applicable)

Microform Guidelines Form (if applicable)

NEW: (REQUIRED) Prequalification requirement for not-for-profit entities applying for grants

NEW: (REQUIRED) M/WBE Requirement - only for an application for grant funding that exceeds $25,000 for the full grant period.

- (•) Not Applicable
- ( ) Full Participation
- ( ) Partial Participation, Partial Request for Waiver
- ( ) No Participation, Request for Complete Waiver

Save Progress

Submit

Due Date for new applications: 04/01/2026

Contact Information

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Holly Peacock, Education Finance Specialist
Phone (518) 486-2197

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