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| **Part 1: Organization information**  District/System name Click to enter text Branch Click to enter text  Mailing address Click to enter text  Statewide Vendor number\* Click to enter text  DUNS number\* Click to enter text  Tax ID number Click to enter text  **Contracting authority**  Name Click to enter text Title Click to enter text  Email Click to enter text Telephone Click to enter text  I affirm that the information included in this application is true. If this application is funded, we will sign a funding agreement and complete the activities in this application by Friday, August 18, 2017. We agree to participate in information gathering as a part of a state-administered evaluation of the project.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  **Fiscal Agent**  Name Click to enter text Title Click to enter text  Email Click to enter text Telephone Click to enter text  **As the Fiscal Agent,** I am authorized by the applicant organization’s governing body to obligate it to financial liabilities and I am accountable for the integrity of the official accounting system and the financial statements that system provides. I declare that the necessary fiscal policies and procedures exist to assure compliance with the Federal regulations in general and specifically with the 2 CFR 200 as applicable to the applicant organization, and conformance with generally accepted audit standards.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date **\* Office of Financial Management** (OFM) requirement ― Grantees must now register with the State of Washington as a “statewide vendor**”** and provide a DUNS Number.If you do not have these numbers, you will be provided with the necessary information and forms to obtain them if awarded a grant. |
| **Part 1: Organization information (cont’d)**  **Library Director (if not same as Contracting Authority above)**  Name Click to enter text Title Click to enter text  Email Click to enter text Telephone Click to enter text  **Project Manager**  Name Click to enter text Title Click to enter text  Email Click to enter text Telephone Click to enter text  We affirm that the information included in this application is true. If this application is funded, we will sign a funding agreement and complete the activities in this application by Friday, August 18, 2017. We agree to participate in information gathering as a part of a state-administered evaluation of the project.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
| **Part 2: Criteria**  Your library will qualify to apply if you answer ***yes*** to all of the following criteria. This completed form must be returned with your application in order for the application to be accepted for review.   |  |  |  |  | | --- | --- | --- | --- | |  | | **Yes** | **No** | | **1** | **The application meets the intent of the grant cycle and the goals of Metadata Enhancement & Remediation Pilot Project (see Grant Guidelines, Section 1, Overview―Introduction and Goals).** |  |  | |  |  |  |  | | **2** | **Your library is a public or academic library within the state of Washington, or a library which is part of an Native American tribe within the state of Washington.** |  |  | |  |  |  |  | | **3** | **The application requests $5,000 or less in grant funding.** |  |  | |  |  |  |  | | **4** | **You commit to remediating, enhancing, retrospectively converting, and/or re-cataloging a minimum of 1 digital collection (equivalent to 1 OAI-PMH "set") by the end of the grant cycle, Friday, August 18, 2017.** |  |  | |  |  |  |  | | **5** | **You commit to meeting requirements and recommendations specified in the Digital Public Library of America Metadata Application Profile, and assigning discrete copyright labels for digital objects as specified in the (RightsStatements.org) Recommendations for Standardized International Rights Statements (see application guidelines).** |  |  | |  |  |  |  | | **6** | **You commit to working with Washington State Library staff to develop a localized metadata remediation plan, and submit to final quality assessment of remediated data sets by the Washington State Library.** |  |  | |  |  |  |  | | **7** | **You commit to submitting quarterly reports according to the schedule outlined in the contract and the final report by September 29, 2017.** |  |  | |  |  |  |  | | **8** | **You commit to submitting the final claim by September 29, 2017.** |  |  | |  |  |  |  | | **9** | **The official 2016 Metadata Enhancement & Remediation grant application form has been used and is complete—all questions have been answered, all signatures obtained, all three components of the application submitted (see Section 6.F of the Guidelines).** |  |  | |  |  |  |  | | **10** | **The application is postmarked (by USPS, FedEx, UPS, etc.) by Friday, June 10, 2016 or hand delivered no later than 4:00 p.m., Friday, June 10, 2016. (Applications posted after Friday, June 10, 2016 will not be accepted for review. Faxed or emailed applications cannot be used to meet submission deadlines.)** |  |  | |

**Part 3: Project justification**

In general, grant reviewers will look for the following criteria when evaluating your proposal

* A clear and concisely written proposal.
* Sufficient detail to understand the problem, need or opportunity.
* Sufficient detail to understand how the proposal will be implemented.
* Evidence of planning for the future in terms of project sustainability.
* Evidence that your project and library fits within the scope of the Washington Rural Heritage initiative and collection.

**Please respond to all questions.**

**1.** **Please briefly describe the collection(s) whose item-level metadata you propose to enhance and/or remediate with this grant. Describe: creator(s) and provenance; material format(s); topical content; location(s); time period(s); etc. What is the significance of these materials to researchers, students, or the general public?** *This question is worth 20 points.*

**2. Who will be responsible for performing the work of the grant? Do they have experience with cataloging or metadata creation? Do they have experience with copyright assessment? In which areas is additional training needed in order for them to carry out this grant?** *This answer is worth 20 points.*

**3. Does your digital repository/archive/library have a working OAI-PMH service? If so, please share the base URL for your OAI-PMH repository as well as the “alias” or “set” name for the collection(s) proposed in your grant. If you do not have a working OAI-PMH service, please share plans for updating your repository or otherwise sharing standardized data.** *This answer is worth 10 points.*

**4. Please describe your institution’s level of commitment to contributing records for aggregation through the Digital Public Library of America.** *This answer is worth 10 points.*

**5. List the major activities or steps involved in completing the project. Include the name of the person responsible for implementation of the activity and when the activity is expected to be completed. *Include evidence of grant administration requirements (see grant guidelines for sample work plan, including dates for grant reporting and reimbursement claims).* (Limit response to no more than one page.)** *This answer is worth 20 points.*

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| **WORK PLAN** | | | |
| **Activity** | **Expected Start Date** | **Expected End Date** | **Person(s) Responsible** |
| *Example: Project begins; hold organizational meeting* | *August 2016* | *August 2017* | *John Smith, Project Manager* |
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**6. Describe the project’s budget using the form below.** *This answer is worth 20 points.*

***On a separate page****, describe how the budget was determined and why this budget is appropriate. Also complete a short narrative statement for each of the budget categories, describing what items are included within the proposal. (No more than one page in addition to the budget form).*

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| **BUDGET FORM** | | | |
| Category | Grant Funds  Requested  (dollar amount) | Other  Funding  (dollar amount) | Describe Use of Funds  (Brief note or reference) |
| All Staff Salary, Wages, and Benefits1 |  |  |  |
| Contracts with Others |  |  |  |
| Travel and Training2 | N/A |  |  |
| Equipment Under $5,000 (including software) |  |  |  |
| Equipment Over $5,0003 | N/A |  |  |
| Expendable Supplies or Materials |  |  |  |
| Indirect costs 4 |  |  | % rate: |
| Other-Itemized |  |  |  |
| TOTAL REQUEST  (Funds requested are not to exceed $5,000.) |  |  |  |

**1** Grant funds cannot be used to pay staff for hours they are regularly scheduled and budgeted to work.

**2** Training is provided by WRH staff.

**3** A single piece of equipment over $5,000, made in whole or in part with grant funding, requires prior written approval from Washington State Library.

**4**Federally negotiated or as defined by IMLS: <http://www.imls.gov/applicants/indirect_cost.aspx>.

**Please note:** Grant funds **may not** be used for:

* Purchasing items to be digitized or digitization hardware/equipment.
* Food and other refreshments.
* Advertising and promotion of libraries in general.
* Prizes and other incentives.
* Computers or other technology used to access the Internet or to pay for direct costs associated with accessing the Internet.
* Conference registration or conference travel.

**Please also note:**

* Matching funds are not required for eligibility; if you list “other funding,” be prepared to document the funds.
* Incomplete reimbursement claims will cause delays in reimbursement.
* It is important that you keep up-to-date with reporting requirements. If you are not current with reporting there may be delays in processing your reimbursement claims.