NNYLN Technology Service Innovation Grant

 2017-18 PROJECT GRANT APPLICATION

 **Due August 18, 2017. Please submit electronically to:**

 **john@nnyln.org**

|  |  |
| --- | --- |
| **Name of Organization****(must be a NNYLN member)** |  |
| **Address 1** |  |
| **Address 2** |  |
| **City** |  |
| **Zip** |  |
| **Project Coordinator** |  |
|  **Email address** |  |
|  **Telephone #**  |   |
| **Library Director**  **(if different from above)** |  |
|  **Email address** |  |
|  **Telephone #** |   |

**About the Project:**

|  |  |
| --- | --- |
| **Title of Project** |  |
| **Project Amount Requested** | $ |

**Section A: Project Narrative**

1. Narrative: Please provide a narrative description of the proposed technology project including the target audience, specific activities, timeline, and anticipated outcomes. Specify the need that the project intends to address and describe how the project innovatively addresses that need and improves library services at the local and/or regional level.
2. Budget: Describe in narrative form the budget for this project including institutional support such as in-kind services and support, monetary contributions, or cost share. List any partner organization that will contribute materials, assistance or other resources. Please note you must still complete the Project Budget in Table Form.
3. Partial Funding: Indicate if you could accept partial funding for this project, and if so, how partial funding would impact this project.

**Section B: Project Plan**

* 1. List principal tasks and timeline required to complete the project (include the person/position responsible for project completion, outsourcing/consulting needed, purchasing, or training required).
	2. Grant funds will be distributed on a reimbursement basis. In the narrative, please indicate agreement with this requirement.

**Section C: Assessment and Sustainability**

1. Indicate how the project will be assessed, what data will be collected, and what benchmarks will be used to determine success. Describe the anticipated impact on the target audience.
2. Please indicate how the organization will sustain this project after grant funding is expended.
3. All projects funded with the assistance of NNYLN Technology Service Innovation Grants are required to file a mid-year on January 15th, a final report on June 30th, and present at informational sessions conducted at the Fall NNYLN Meeting. In the narrative, please indicate agreement with these requirements.
4. All projects must state “Funding for this project provided by the Northern New York Library Network” on all relevant materials. In the narrative, indicate agreement with this requirement.

**PROJECT BUDGET IN TABLE FORM**

Please use whole dollar amounts throughout this form. Estimates should be realistic and show evidence of investigation to enhance accuracy.

**Step 1 - Provide a summary of the budget components:** Indicate how much you are requesting to be covered in the NNYLN Technology Service Innovation Grant under **Table A**, **Column A “Requested Funding”** for each budget component. Use the component in **Line 7 “Other Expenses”** for all other items you are requesting funding for that do not fall into the other defined budget components. Indicate in **Column B** the amount of funding the library will provide in a cost-share. Not all budget components will apply to all libraries requesting grant funding. If you are requesting funding for Personnel Services, remember to complete **Tables B and C**.

|  |  |  |
| --- | --- | --- |
| **Table A. Budget Components** |  |  |
|  | **Column A:****Requested Funding** | **Column B:****Cost-share/In-kind** |
| Line 1 | Personnel Services |  |  |
| Line 2 | Employee Benefits |  |  |
| Line 3 | Contract Services/Consultants |  |  |
| Line 4 | Equipment |  |  |
| Line 5 | Supplies  |  |  |
| Line 6 | Software |  |  |
| Line 7 | Other Expenses |  |  |
| **Total Dollar Amounts** | **$** | **$** |

**Step 2 - Provide a breakdown of Personnel Services:** Base the information for Table B from the information you put in **Table A, Column A, Line 1** above.

|  |
| --- |
| **Table B. Personnel Services**  |
| **Name/Title** | **# of Positions** | **FTE** | **Total** | **Salary** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total**  |  |  |  | **$** |

 \*(FTE is based upon \_\_\_\_ hours per week, \_\_\_\_ hours per year)

**Step 3 - Provide a breakdown of Employee Benefits:** For all personnel listed in Table B, provide totals for the following benefits In Table C. Then add all the benefits for a total benefits expense.

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| --- |
| **Table C. Total Employee Benefits** |
| **Retirement** | $ | **Health Insurance** | $ |
| **Social Security** | $ | **Dental Insurance** | $ |
| **Workman’s Comp** | $ | **Other (specify)** | $ |

|  |  |
| --- | --- |
| **Total**  | **$** |

**Step 4 - Contract Services (for** **requested funding to support contract services):** In **Table D**, list the vendor(s) or the supplier(s) of services with the dollar amount (i.e. OCLC, professional consultants, other vendor companies). Equipment and supplies should be itemized under **Table E**.

|  |  |
| --- | --- |
| **Table D. Contract Services/Consultants** |  |
| **Vendor or Consultant Name** | **Amount** |
|  |  |
|  |  |
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|  |  |
|  |  |
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**Step 5 – Equipment, software, supplies:** List equipment and supply items including software with the quantity and dollar amount in **Table E.**

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| --- |
| **Table E. Equipment, Supplies, Software** |
| **Item** | **Quantities** | **Unit Cost (per item)** | **Total Cost** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **Total**  |  |  | **$** |

**F. Other Expenses not reported elsewhere (Specify):**