

### Tennessee State Library and Archives Department of State

State of Tennessee 1001 Rep. John Lewis Way North Nashville, TN 37219

#### Direct Grants to Local Government Archives Application Procedures and Documentation

The Tennessee State Library and Archives is pleased to provide a grant opportunity to local archives across Tennessee for their archival needs. This grant is wholly provided by the Tennessee Secretary of State.

The 2023-2024 Archives Development Grant is available for local archives to replace or purchase archival supplies to improve the storage conditions of archival collections, operations, or public accessibility. Grant funds are available for the following:

- archival shelving units
- acid-free, lignin free folders and boxes
- other necessary archival supplies or environmental monitoring devices
- contracted conservation treatments
- hiring part-time worker
- improving on-line access to collections through digitization
- registration fees for webinars from approved organizations

In fiscal year 2024, grants are available for up to \$5,000 for improvements to local archives.

The grant contract will begin on October 1, 2023 and end on May 31, 2024. Please be aware that no grant payments will be processed until the contract is in place.

Applications can be sent via e-mail or mail, as we do not require original signatures to be submitted. Please send all applications to the following:

Nat Taylor Archives Development Program Tennessee State Library and Archives 1001 Rep. John Lewis Way North Nashville, TN 37219

Ph: 615-253-8713

nathaniel.l.taylor@tn.gov

The deadline for applications is close of business on September 11, 2023.





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Legal Archive Name		
Grantee Mailing Address		
City	State	Zip Code
Phone Number		
County Archivist		
County Archivist Contact Information (phone and email)		
County Executive (will be required to sign the contract)		
County Executive Mailing Address		
County Executive Contact Information (phone and email)		
Fiscal Contact Name		
Fiscal Contact Information (phone and email)		
Title VI Contact Name		
Title VI Contact Information (phone and email)		
State House District to be Served (https://wapp.capitol.tn.gov/Apps/fml2022/search.aspx)		
State Senate District to be Served (https://wapp.capitol.tn.gov/Apps/fml2022/search.aspx)		
Full Name of the Entity that is registered for the FEIN number listed below		
FEIN (Federal Employer Identification) Number*		
Edison ID Number**		

<sup>\*\*</sup>Edison is the system used by State Fiscal. Your Edison ID is assigned by the State. It can be a two to six-digit number. Every grant applicant is required to have an Edison ID and it is tied to your FEIN. If you do not have one assigned to you, reach out to grant manager to begin setup process.



<sup>\*</sup>a nine-digit number assigned by the IRS

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Names of members of the public records commission:	Chairperson:  • • • • • • • • • • • • •
The archivist reports to (county/city/town officer)	
Date archives established	
Is there an archives fee? If so, how much?	
Scheduled days and hours of operation	
Scheduled hours open to the public	
Date span of archives (years of oldest and newest records)	



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Briefly describe the principal kinds of county (or city) records and their approximate volume in cubic feet (linear shelf feet)<sup>1</sup> that your archive keeps and makes available to the public:

Record Group or Series	Volume in Cubic Feet
[e.g.: Loose chancery court records, 1835-1900]	[20.0]



<sup>&</sup>lt;sup>1</sup> A rough approximation is acceptable. Precise measurement is not required.

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#### **Financial Certification**

Organization Name:	
Federal Employer Identification Number (FEIN)  Also referred to as a tax-exempt number Business Name or Name of the Holder of the FEIN	
If utilizing direct deposit, please provide the last 4 di	igits of the account you will be using for this grant:
Note: if using a new account for direct deposit, pl instructions to add this account to your file	lease contact the grant manager for the documentation and with the State.
Signature of Authorizing/Fiscal Authori *This should be whomever will be approving/placin paperwork.	ity Date  ng your orders, managing the funds, and compiling the reimbursement
Printed Name and Title of Signatory	
<b>Email and Phone of Signatory</b>	

if you cannot receive your reimbursement as a direct deposit, please note that on this form and

include the address where a check would need to be sent.



Note:

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#### **Certifications**

To help streamline our grant process and provide as much information as possible up front, we ask that you certify that the applicant is compliant with and understands the following:

		1 ieuse c	neck one
		Yes	No
1.	Title VI, Civil Rights Act of 1964		
2.	Applicant has either attended the virtual grant workshop or watched the recording (available on the ADP Grant webpage) and has made themselves familiar with all grant documentation, including accounting, project management, and reporting, provided by the TSLA Archives Development staff		
3.	This Archives is a Department of the County or City and is the official records repository		

Signature of Project Director	Date
Signature of Authorizing Authority	Date

#### **Printed Name and Title Authorizing Authority**

Please note: Authorizing Authority refers to someone that has fiscal authority. This can include the board chair, mayor, city, or county financial officer, etc.

#### **Ineligible Items**

Items not eligible for direct purchase through this grant include (but may not be limited to):

- Refurbished equipment (desktops and laptops included
- Salaries
- Construction or Capital Improvements
- Network cabling
- Device stands
- Security systems
- Phones or phone charges
- Hotspots

- Non-digital microfilm readers or reader/printers
- Database subscriptions
- Items costing \$5,000 or more
- Taxes/Sales tax
- Utilities
- Basic office supplies
- Furniture
- Subscription services or licensing fees that fall outside the grant period

Note: If you are not sure if the item you are interested in is eligible, please feel free to ask.

Note: Televisions are eligible, however, a detailed explanation on how it will be used and where is required.

This can be provided on an additional page.



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### **Archival Supplies**

In support of the grant application and contract, grantees are required to provide budget information on how the funds, if granted, are to be spent. Grantees are accountable to the Tennessee State Library and Archives for the expenditure of the budgeted funds for the objects identified in the budget. Any changes the grantee wishes to make that require the expenditure of the granted funds on any object, item, or service other than those declared in this budget must receive the prior written approval of the Tennessee State Librarian and Archivist or his designated representative.

Name of County or City:			
In your request, please feel free to include	links to the item(s	s) that will hel	p us understand what
you are requesting and an explanation of us			
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Item Description	Cost per Item		Total
		Requested	
Explanation of use, including link to the ite	em		
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Item Description	Cost per Item		Total
Item Description	Cost per Item		Total
	-		Total
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	-		Total



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Item Description	Cost per Item	# Requested	Total
Explanation of use, inclu-	ding link to the item.		
		""	
Item Description	Cost per Item	# Requested	Total
	•	•	
Explanation of use, inclu-	-		
_	-		
_	-		
_	-		
_	-		
_	-		
_	-		
Explanation of use, inclu-	-	\$	



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### **Training/Webinars**

Cost of training #1

All training must be pre-approved and must be completed within the grant period's start/end dates. Grantees will be responsible for securing and paying for all registrations in advance of reimbursement.

Training Request
Title of training program or class
Name of organization
presenting the training
Subject/Topic of training
Method of delivery
(online or in person)
Date(s) of Training
Registration cost per person
Number of registrations

Justification for attendance



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### **Outside Contracted Services**

	vendor Name (Attach a quote to your application)	Cost
	11 /	
	*Note: Services can only take place during the grant period of Oct. 1, 2023 - May 31, 2024	
Explan	ation of project (what do you want this contrac	etor to do?)
04-		4 1
Outcon	me of project (where will the scans be hosted, s	tored, accessible, etc.)
	Total for Category	s



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### **Contract/Part-Time Archivist**

If you wish to hire a contract/part-time archivist, please note the following:

- a. This person cannot already be employed by or paid by your organization. This cannot be supplemental to an existing salary or hourly employee.
- b. The duration of the contracted work can only be the grant period (Oct. 1, 2023 May 31, 2024).
- c. Please attach a basic plan of work including an anticipated hire date, number of hours to be worked, and hourly rate to this application.

Position with start date	Hourly Rate or Contract Payment Amount	Time (Number of Hours or Length of Contract)	Total

Total for Category	\$



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## **Summary Page**

-	Signature of Authorizing Official  roject archivist/manager, I certify that I am in function in the second in the	
	Signature of Authorizing Official	Date
n this ap oody of lescribe generall	orizing official of the applicant, I certify to the be pplication is true and correct. The application he the applicant, and, if funded, the applicant we herein. I further certify that the applicant will by accepted government accounting principles and audits or financial statements covering all or passes.	as been duly authorized by the governing ill carry out the project in the manner maintain records in accordance with the d that the funds awarded will be included
	<b>Total Request for Grant Application</b>	
	Total request for Contract Archivist	
	Total request for Outside Contract Services	
	Total request for Training	





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#### **CHECKLIST OF SUPPORTING MATERIALS**

Applicants must submit *all* the following *together in one* package:

	Completely-filled-out application form a current and functioning email address for the archivist is required
	Completely-filled-out budget for expenditure of funds if granted
	Copy of the budget allocated to the archives by the county (or city) government for the past year; <b>OR</b> a letter from the county (or city) executive certifying a fair estimate of the funds expended to support the archives by the county (or city) or from any other source in the past year
	One-page explanatory narrative of what the grant is to be used for and why the grant is needed
	One-page letter from the county (or city) executive or other official primarily responsible for overseeing the archives on behalf of the county commissioners (or city councilors) explaining how the local archives program satisfies guidelines for archives laid down in Tennessee Archives Management Advisory: <i>Basic Archives Management Guidelines for Local Archives</i>
gne	d:

Sig

County/City Archivist





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## **Important Dates**

Date	Activity
August 1, 2023	Application available
August 8, 2023	Informational webinar with Q&A session will take place via Microsoft Teams
September 11, 2023	Application deadline; Applications due by 4 pm (CST)
October 2, 2023	ADP Direct grant awards announced on or around this date
February 16, 2024	Interim reports due by 4 pm (CST)
May 31, 2024	ADP Direct grant projects completed; spending of funds complete
June 3, 2024	Report outstanding reimbursement amounts to grant manager
June 14, 2024	Final day to submit reimbursement requests
June 28, 2024	Final reports due by 4 pm (CST)
July 26, 2024	Title VI Reporting Due

