



**Kentucky Department for Libraries and Archives  
Local Records Program**

## Grant Application

Please review the *Local Records Program Grant Guidelines* available on KDLA's website: <https://kdla.ky.gov/records/recmgmtservices/Documents/LRGrantGuidelines.pdf> and consult with your *Regional Administrator* before completing this form. Use extra sheets if necessary and attach three written, itemized, project bid proposals for each project section. Please send the completed forms to:

Nicole Bryan, Manager  
Local Records Branch  
Kentucky Department for Libraries and Archives  
P.O. Box 537  
300 Coffee Tree Road  
Frankfort, Kentucky 40602-0537

### **Part A: Contact Information**

Local Government Agency: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Records Custodian)

Applicant Title: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Including area code)

Email Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

### **Part B: Project Summary**

Total Funds Requested: \$ \_\_\_\_\_

Please provide a complete description of the proposed project. Describe the project scope and the anticipated finished product(s). Explain why these records were selected for preservation as well as their historical significance and relevance to the community. Provide proposed methods for handling the records to ensure they conform to generally accepted archival and records management standards. See the Guidelines for examples and attach additional sheets, if needed.



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### **Plan of Work**

Please list preferred project vendor(s) for each section, vendor addresses, and vendor contact. (If not selecting lowest bid proposal, please attach a justification.)

#### **Section 1**

Vendor: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Vendor Phone and Email: \_\_\_\_\_

Purpose: \_\_\_\_\_ Security Microfilming \_\_\_\_\_ Digitization \_\_\_\_\_ Conservation \_\_\_\_\_ Codification \_\_\_\_\_ Salary  
 \_\_\_\_\_ Equipment/Supplies **(Select all that apply)**

Records	Date	Series	Cost
<i>Quality Control (Add 12.5% of the microfilming cost)</i>			
<b>Total Cost</b>			

#### **Section 2**

Vendor: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Vendor Phone and Email: \_\_\_\_\_

Purpose: \_\_\_\_\_ Security Microfilming \_\_\_\_\_ Digitization \_\_\_\_\_ Conservation \_\_\_\_\_ Codification \_\_\_\_\_ Salary  
 \_\_\_\_\_ Equipment/Supplies **(Select all that apply)**

Records	Date	Series	Cost
<i>Quality Control (Add 12.5% of the microfilming cost)</i>			
<b>Total Cost</b>			

\*\*Please Attach Additional Sections, if needed.\*\*



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### Part C: Project Outcomes

1. How will this project ensure the preservation of and/or increase public access to these records? What benefit will this project be to your agency and community? How will you disseminate information about this project and its outcomes to the public?

2. Did you consult with your Regional Administrator while completing this application? Yes  No
3. Can these records be removed from the office during the project? Yes  No  N/A
4. In what format do these records exist? Select all that apply.  
Paper  Electronic Files  Microfilm  Microfiche  Aperture Cards   
Other: \_\_\_\_\_
5. Can this project be completed within a single grant cycle (18 months)? Yes  No   
**(grant cycle for Salary grants is 50 weeks)**
6. Additional information/comments:



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### Commitment of Local Government:

Explain the local government's commitment to a comprehensive records management program: 1) designation of a records officer, 2) training of records personnel in records management techniques, and 3) appropriate disposition (records retention and destruction of records). More information is available on the KDLA website: <https://kdla.ky.gov/records/Pages/default.aspx>. Please detail how your office will commit resources to this project (adequate office, storage or working space; personnel; supplies; equipment; or a monetary contribution).

Are these records stored in secure, fire resistant facilities, with proper security and supervision? Please explain.

Is access to these records in compliance with the state's Open Records Law (KRS 61.870-876)? Please explain.



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### **Part D: Certification**

Statement regarding expenditure of funds: The applicant agrees that funds granted under the Local Records Program will be spent solely in accordance with the project description and budget statement presented in this application. The grant recipient acknowledges that any changes in the submitted plan of project work, funding, or length must be submitted in writing to, and approved in advance by, the Kentucky Department for Libraries and Archives.

Statement regarding archival and records management policies and procedures: The applicant agrees to comply with all policies, procedures, and standards deriving from Kentucky Revised Statutes, Kentucky Administrative Regulations, as well as the policies of the Kentucky Department for Libraries and Archives and the State Libraries, Archives, and Records Commission concerning management, preservation, reproduction, and storage of public records in addition to those dealing with the official recording of such records in government offices, whether on paper, microfilm, or other medium.

Statement regarding project status and financial expenditure reporting: The applicant agrees to submit biannual Project Status and Financial Expenditure Reports during the course of the project and at the end of the project as specified in the grant contract. The grant recipient also agrees to create a separate grant fund account, maintain separate financial and programmatic records on this project, and retain source documentation such as canceled checks, paid invoices, payrolls, or other accounting documentation, which would facilitate an audit as required by statute, regulation, or administrative procedure.

Statement regarding continued records management and preservation support: The applicant agrees to make budgetary allowance to continue the work begun by this project to better manage, preserve, and secure the current and future records of this agency. The applicant also recognizes that such an allowance is a necessary operating expense that must be budgeted for on a regular basis

Statement regarding the Americans with Disabilities Act: The applicant agrees to comply with the Title II provisions of the Americans with Disabilities Act and to submit to the Department, upon request, documentation that demonstrates compliance with the Title II requirements of the Americans with Disabilities Act.

\_\_\_\_\_  
Local Government Authorized Official Signature

\_\_\_\_\_  
Official Custodian of Records

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date