**INDIANA STATE LIBRARY**

Library Services and Technology Act (LSTA)

**2021** Grant Application



Library Development Office

Indiana State Library

315 West Ohio Street

Indianapolis, IN 46202

Telephone: (317) 232-3697

Fax number: (317) 232-0002

[www.library.in.gov](http://www.library.in.gov/)

**Library Services and Technology Act Grant**

*2021**General**Application Instructions*

*Thank you for your interest in a 2021 LSTA grant!* This page will provide you with general application guidelines to reference as you prepare your application for submission. **Line-by-line application instructions are available** in a PowerPoint file downloadable from the grant application page of the Indiana State Library website: <http://www.in.gov/library/services-for-libraries/lsta/grant-application>.

**Grant Guidelines**

A set of specific grant guidelines is accessible for each LSTA grant opportunity through the Indiana State Library main LSTA webpage: <http://www.in.gov/library/serices-for-libraries/lsta>.

Review the guidelines in their entirety; they not only describe the grant opportunity but also provide the **application deadline**, **submission process** and **instructions for any required application supplements**. Incomplete applications will not be reviewed.

**Application Form**

Text boxes will expand as you type, but please **limit your answer to any one question to a maximum of one page.** We do expect you will need **at minimum one paragraph** to answer most questions.

If you are unsure how to answer an application question, **please call the LSTA Grant Consultant** for help at (**317) 234-6550**.

**Project Budget**

You will submit a 2021 LSTA Project Budget worksheet with your application. The project budget will inform Part VIII of the application form, the project budget narrative. For this reason, you will want to craft your project budget before you finish the application form. The 2021 LSTA Project Budget worksheet is located on our grant application webpage:<http://www.in.gov/library/services-for-libraries/lsta/grant-application>.

**Digitization Application Supplements**

Supplemental questions for Indiana Memory digitization grant applications can be found in *Appendix A* of the digitization grant guidelines. Submit a document answering each question in *Appendix A* with your completed application form and project budget.

**Application Submission**

To apply, **you must e-mail a copy** of all application materials to the LSTA grant consultant, Angela Fox, at anfox@library.in.gov. Please be sure the application has been signed. A signature can be either a valid electronic signature (an Adobe Acrobat verified signature, a signature file) or a page that has been printed, signed, and scanned. Please refer to your grant guidelines for more information.Faxed applications will **not** be accepted.

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| **LIBRARY SERVICES AND TECHNOLOGY ACT GRANT APPLICATION**State Form 53456 (R13 / 2-21)INDIANA STATE LIBRARY |
| **GENERAL INFORMATION** |
| Grant Program*Please mark with an X.* | Indiana Memory Digitization | Technology |
|  |  |       |
| Project Title |       |
| Organization |       |
| Full Mailing Address  |       |
| Web Address |       |
| Organization Director |       | E-mail Address |       |
| Telephone Number | (     )       | Fax Number | (     )       |
| Project Director *contact for grant purposes*  |       | E-mail Address |       |
| Telephone Number | (     )       | Fax Number | (     )       |
| Fiscal Agent *responsible for fiscal reporting* |       | E-mail Address |       |
| Telephone Number | (     )        | Fax Number | (     )        |
| Federal Congressional District(s) |       | County |       |
| Estimated Number of People Served by Project During Grant Period |       | LSTA Amount Requested |       |
| Source of this Number*US Census, library circulation records, etc.* |       | Amount of Cash Match |       |
| FEIN Number/Tax ID Number |       | Total Cost of Project |       |
| Federal DUNS Number*If unsure of this number, call 1-866-705-5711.*  |       |  |  |
| **FEDERAL LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA) PRIORITIES** |
| **□ *Mark ONLY ONE with an X to indicate the PRIMARY purpose that best describes your project.*** |
|   | Expand services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages. |
|   | Establish or enhance electronic and other linkages between and improve coordination to improve library services. |
|   | Provide training and professional development to enhance the skills of the current and future library workforce. |
|   | Develop public and private partnerships with other agencies and community-based organizations. |
|   | Target library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, with disabilities, and with limited functional literacy or information skills. |
|   | Target library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children from families with incomes below the poverty line. |
|   | Develop library services that provide all users access to information through local, state, regional, national and international collaborations and networks |
| INDIANA State Library LSTA GOALS |
| **□ *Mark ONLY ONE with an X to indicate the PRIMARY purpose that best describes your project.*** |
|   | **Information Access –** Indiana libraries will provide up-to-date, reliable access to information by utilizing effective telecommunications, technology, and resources. *(Includes projects involving technology, digitization, and resource sharing)* |
|   | **Enhanced Services –** Indiana libraries will improve services to residents, including services that support lifelong learning and human services. *(Includes projects involving the following special populations: Children, Institutional, unserved / underserved, blind and physically handicapped and unemployed.)* |
|   | **Institutional Capacity –** Indiana libraries will improve the capacity of libraries through professional development and leadership training opportunities. |

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| Primary PROJECT Audience  |
| **□ *Mark next to AT LEAST ONE but NO MORE THAN THREE with an X to indicate your primary audience(s) for the project.***  |
|   | Pre-Schoolers (0-5) |   | Seniors (65+) |   | Urban Populations |
|   | Children (6-12) |   | People with Special Needs |   | Institutionalized Persons |
|   | Youth (13-17) |   | Library Staff |   | Non- or Limited English Speakers |
|   | Adults (18-64) |   | Rural Populations |   | Statewide Public |

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| **P A R T I. P R O J E C T S U M M A R Y** |
| **Provide an abstract describing all project components in 150 words or less.** |
|       |
| **P A R T II. N E E D S S T A T E M E N T** |
| **Describe the need or problem that generated this project and explain how you determined this need.** |
|       |
| **Identify the goal from the *Indiana State Library’s Five-Year LSTA Plan* (posted at** [**http://www.in.gov/library/serices-for-libraries/lsta**](http://www.in.gov/library/serices-for-libraries/lsta)**) that your project will address and explain how your project will address this goal.** |
|       |
| **P A R T III. O B J E C T I V E S, A C T I V I T I E S, AND E V A L U A T I O N** |
| Objectives |
| **Describe the overall objectives of your project.** |
|       |

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| ACTIVITIES |
| **Describe all project activities in detail.** |
|       |
| **Identify project staff and detail their individual roles in your proposed project.** |
|       |
| **P A R T IV. C O M M U N I C A T I O N P L A N** |
| **Grantees are encouraged and expected to publicize the project through available and appropriate media outlets. How will you promote your project to your target audience?** |
|       |
| **How and when are you planning to share the results of your project beyond your local jurisdiction?** |
|       |
| **Is this project a model for replication? *If so, please explain.*** |
|       |
| **All funded grant projects are required to acknowledge IMLS on all products.****For more information, go to** [**http://www.imls.gov/grants/grant-recipients/grantee-communications-kit**](http://www.imls.gov/grants/grant-recipients/grantee-communications-kit)**.**  |
| **P A R T V. E V A L U A T I O N P L A N**  |
| **Outcomes Based Planning and Evaluation (OBPE) is the preferred evaluation method for your grant project.** ***Refer to*** [***http://www.shapingoutcomes.org/course***](http://www.shapingoutcomes.org/course) ***for more information about Outcomes Based Planning and Evaluation (OBPE). If you are unfamiliar with the terms below, the site’s*** [***Glossary of Terms***](http://www.shapingoutcomes.org/course/glossary/index.htm) ***is an excellent place to begin.*** |
| INPUTS |
|       |
| OUTPUTS |
|       |
| OUTCOMES |
|       |
| Evaluation PLAN OVERVIEW |
| **Describe how you will determine *whether* the needs of your target group were met by your project. Then explain how you will *measure the impact* of the project on your target audience(s).** |
|       |
| EVALUATION INDICATORS |
|       |
| EVALUATION METHODS |
|       |
| **P A R T VI. P R O J E C T T I M E T A B L E** |
| **Using as few or as many rows as you need, complete a timetable of activities for each aspect of your proposed project that describes *what* will be done and indicates by *whom* and *when* it will be done.** |
| Project IMplementation |
| **ACTIVITY** | **WHO** | **WHEN *(month and year or “ongoing”)*** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
| Communication |
| **ACTIVITY** | **WHO** | **WHEN *(month and year or “ongoing”)*** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Evaluation |
| **ACTIVITY** | **WHO** | **WHEN *(month and year or “ongoing”)*** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Reporting |
| **ACTIVITY** | **WHO** | **WHEN  *(month and year or “ongoing”)*** |
| First Quarter Progress Report | Project Director | August 31, 2021 |
| Second Quarter Progress Report | Project Director | November 30, 2021 |
| Third Quarter Progress Report | Project Director | February 28, 2022 |
| Financial Final Report | Project Director or Fiscal Agent | June 30, 2022 |
| Narrative Final Report | Project Director | June 30, 2022 |
| **P A R T VII. C O N T I N U A T I O N P L A N** |
| **Explain how activities or benefits from the project will continue after the LSTA funding period has ended, or if the program will not be continued, explain why.** |
|       |
| **P A R T VIII. P R O J E C T B U D G E T N A R R A T I V E** |
| **In narrative form by project budget category and funding source, describe your project budget items as listed in the Project Budget worksheet and briefly identify how they contribute to your proposed project. Be sure that each item for which you want LSTA funds is described in detail below. The Project Budget Narrative must match your Project Budget worksheet.** **The Project Budget worksheet and guidelines on acceptable use of LSTA grant funds are available on our website:** [**http://www.in.gov/library/serices-for-libraries/lsta**](http://www.in.gov/library/serices-for-libraries/lsta)**.**  |
| Personal Services |
| **Describe budget items to be paid with LSTA funds.** |
|       |
| **Describe budget items to be paid through cost sharing (local cash or in-kind contributions).** |
|       |
| Supplies |
| **Describe budget items to be paid with LSTA funds.** |
|       |
| **Describe budget items to be paid through cost sharing (local cash or in-kind contributions).** |
|       |
| Other services & Charges |
| **Describe budget items to be paid with LSTA funds.** |
|       |
| **Describe budget items to be paid through cost sharing (local cash or in-kind contributions).** |
|       |
| Capital Outlays |
| **Describe budget items to be paid with LSTA funds.** |
|       |
| **Describe budget items to be paid through cost sharing (local cash or in-kind contributions).** |
|       |
| **P A R T IX. A S S U R A N C E S** |
| ***The Institute of Museum & Library Services (IMLS) requires the Indiana State Library to obtain certification from its sub-grant applicants regarding federal debt status, debarment and suspension, non-discrimination, a drug-free workplace, and other applicable assurances. These requirements are incorporated in the Assurances Statement below. Review the Statement and sign the certification form. If you receive a grant, you must comply with these requirements.*****By signing the application form, the authorizing official, on behalf of the applicant, assures and certifies that, should a sub-grant be awarded, it will comply with the statutes outlined and all related IMLS and ISL regulations. These assurances shall obligate the applicant for the period during which Federal financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.****Certifications Required of All Applicants**1. **Financial, Administrative, and Legal Accountability;**
2. **Debarment and Suspension;**
3. **Non-Discrimination;**
4. **Drug-Free Workplace Act of 1988**
5. **Lobbying**
6. **E-Verify Employment Eligibility Verification**
7. **State Ethics Laws**
8. **Information Technology Accessibility Standards; and**
9. **Telephone Solicitations Laws**

**Certification of Authorizing Officials****I have examined this application, and I hereby certify on behalf of the applicant organization that:**1. **The information provided is true and correct;**
2. **All requirements for a complete LSTA Grant application have been fulfilled;**
3. **The applicant will comply with all applicable payment, accounting, and reporting requirements; and**
4. **The applicant will comply with applicable certifications regarding Items 1-9 listed above under Certifications Required of All Applicants.**

**We, the undersigned, hereby certify that should this organization receive a sub-grant, the organization and its leaders will comply with all LSTA regulations, all statues outlined, requirements as defined by the Indiana State Library (*Managing Your LSTA Grant*), and all applicable Federal statutes and regulations.** |
| **Name of Organization** | **Project Title** | **Submission Date*****(month, day, year)*** |
|       |       |       |
| **Name and Title of Principal Officer** | **Signature of Principal Officer** | **Signature Date*****(month, day, year)*** |
|       |  |       |

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| ***S T A T E L I B R A R Y U S E O N L Y*** |
| **Project Number** | **Approved** | **Not Approved** | **Amount Awarded** |
|  |  |  |  |
| **Library Type** | **Public** | **School** | **Academic** | **Special** | **Multi-Type** | **SLAA** | **Institutional** |
|  |  |  |  |  |  |  |