

**IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
ACCESS FOR ALL DEMONSTRATION PROJECT GRANT APPLICATION-
COVER SHEET**

Applicant: _____
Address: _____
Project Name: _____
Contact Person/Title: _____
Phone & E-mail: _____
Community Partner(s): _____

This application is for the following underserved audience:

- Homebound
- Hispanic-Spanish speaking
- Nursing home residents
- Retirement center residents

I have discussed this project with the following Commission for Libraries Consultant:

Budget Summary:	LSTA:	\$ _____
	Total:	\$ _____

(Applications for multiple libraries applying together are eligible for up to \$2,000 per library)

<p>SIGNATURE AND CERTIFICATION: <i>All participating libraries and other entities must sign this certification (use a separate sheet for multiple participants):</i> We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate attached to this document. In addition, we assure that we will comply with all legal, program, and other administrative requirements approved in accordance with OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133 as applicable, and that we are in compliance with the Commission for Libraries' eligibility requirements for LSTA.</p>	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> See page 18 of Guide for Appropriate Signatures. </div>						
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 45%;">Appropriate Signature</td> <td style="border-top: 1px solid black; width: 30%;">Title</td> <td style="border-top: 1px solid black; width: 25%;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Appropriate Signature</td> <td style="border-top: 1px solid black;">Title</td> <td style="border-top: 1px solid black;">Date</td> </tr> </table>	Appropriate Signature	Title	Date	Appropriate Signature	Title	Date	
Appropriate Signature	Title	Date					
Appropriate Signature	Title	Date					

SIGNATURE OF COMMUNITY PARTNER: We are aware of, and agree to participate in, the project as outlined in this application and/or our letter of support.

Primary Community Partner Contact/Organization	Date
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Printed name of signature above

REQUIREMENTS FOR ACCESS FOR ALL DEMONSTRATION PROJECT APPLICATION

Please use 12-point type for all application materials; Times Roman is preferred. Submit 1 set of original documents with original signatures and 4 sets of copies. Do not bind or cover. Staple all application materials together: the application Cover Sheet and one each of the items listed below.

Eligibility Checklist: (*Appendix A of FY2008 LSTA Guide*) Send one signed Eligibility Checklist with original signatures for each participant or consortium.

- If the application is being made by single libraries, one cover sheet for the library and a **representative from the partner organization.**
- If the application is being made by one library on behalf of a group of libraries, each participant must complete a **Cover Sheet** and the Eligibility Checklist.
- If a pre-qualified consortium is making the application, a **Cover Sheet** and the **Eligibility Checklist** must be completed for the consortium

Application consists of:

- Eligibility Checklist for each appropriate library identified above
 - Grant Application - Cover Sheet
 - Application Narrative 1 – 10 (*Identify the answers to each of the sub-parts on separate paper*)
 - Proposed Project Budget
 - Project Related Personnel Costs
 - Job Description(s) –
 - Letter of Support from your primary partner(s)
 - LSTA Outcomes Logic Model (*The outcome logic model is not required. Refer to page 13 of the FY2008 guide.*)
 - Appendix B – General Requirement for All Projects (*Read and understand*)
- (See page 18 of LSTA guide to assist you in identifying Appropriate Signatures.)*
- (If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must be completed and accompanied by a job description for*

Application Instructions:

- Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
- Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
- Write your response with the assumption that the application reader knows nothing about your library or your project.
- The completed application must be received by the Idaho Commission for Libraries at least 6 weeks prior to any scheduled implementation date of the program.
- Send the application, copies and all attachments to:

Grants Contracts Officer
Idaho Commission for Libraries
325 West State Street
Boise, Idaho 83702-6072

ACCESS FOR ALL DEMONSTRATION GRANT APPLICATION NARRATIVE

1. NEED *(Page 11 in the LSTA Guide)*

Describe and document the need in your community for the proposed project.

- A. What need or problem will the project address?
- B. How did the library assess this need?

2. PROJECT DESCRIPTION *(Page 12 in the LSTA Guide)*

Provide a brief description of this project, no more than ½ page, and include in that narrative the following:

- A. What do you plan to do?
- B. How do you plan to do it?
- C. What difference will this project make and why?

3. TARGET AUDIENCE

- A. Describe the target audience and estimate its size.
- B. If you are providing service to people living outside your library jurisdiction, describe how you are working with their libraries or how nonresident library cards will be paid for.

4. PARTNERSHIPS

List your community partner(s) [agencies, organizations, or service providers who serve the target audience you are planning to reach] and tell how you will work together to support your proposed project.

5. REGIONAL/STATEWIDE IMPACT *(Page 12 in the LSTA Guide)*

- A. How will the project help create Idaho's vision of libraries in 2020?
- B. Describe how you and your partners will share information about your project with other libraries and interested organizations.

6. PLANNING *(Page 12 in the LSTA Guide)*

- A. Cite the objective and activity in each library's (or consortium's) strategic plan supporting this project.
- B. Describe the kinds of services your library currently provides for this target audience and how the proposed project would build, enhance or fill the gaps in your services.
- C. Describe how your library's resources (collection, staff expertise, services/programs, facilities, etc.) will contribute to the success of your proposed project.

7. OBJECTIVES *(Page 13 in the LSTA Guide)*

- A. What are the objectives or expected outcomes of the activities of the project?
- B. How will the target audience, described in question III above, benefit from the project?

8. EVALUATION *(Page 13 in the LSTA Guide)*

Describe how you will know if your project is successful.

- A. How will you evaluate the impact of your project on the need described above? What are the outcomes for the target audience?
- B. Describe both the evaluation method or process, and the evaluative criteria. The evaluation must relate directly to the need (see question VI above) and the objectives (see question VII above).
- C. How will you use the results of your evaluation?

9. SERVICE PLAN AND OUTREACH

- A. Describe the services you plan to implement and who will be responsible for carrying out the activities.
- B. How will you reach members of the target audience who are not already library users?
- C. Describe staff training and informing the public.

10. TIMELINE, ACTIVITIES AND BUDGET EXPLANATION *(Page 13 in the LSTA Guide)*

- A. Maximum LSTA grant award is \$2,000.
- B. Develop a timeline which details the activities necessary to make this project successful and when activities will take place. Incorporate when expenditures of funds will occur and in what amounts.

**ACCESS FOR ALL DEMONSTRATION PROJECT
PROPOSED PROJECT BUDGET**

Applicant: _____

Project Name: _____

BUDGET CATEGORIES	LSTA GRANT FUNDS
Personnel*	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Library Materials	
TOTAL	\$

- * If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form on the back of this page.
- * LSTA funds can only be used to pay personnel costs for hours worked above and beyond current workload (up to a maximum of 40 hours per week or 1 FTE per individual), or for a new employee hired specifically for this project or service.

PROJECT RELATED PERSONNEL COSTS

Length of project duration in weeks= _____ (A)

SALARIES

Position Title	(B) Total # of Hrs/wk. Usual & Customary for this position	(C) # of additional Hours/wk due to grant	(D) Total Hrs/wk. B + C (cannot exceed 40 hrs. / wk.)	(E) Hourly Rate usual & customary for each position	(F) Total Salary (B+CxE)*	(G) Added Salary due to grant (CxAXE) *	(H) LSTA Amt. (Additional Hrs. Only) (G) LSTA
Total Salaries							

Grant funds can be used to pay personnel costs for hours worked on a grant project over and above an employee's usual and customary working hours, up to a maximum of 40 hrs. per week or 1 FTE. If necessary, new employees can be hired at the salary usual and customary for the hired position description. Refer to **PERSONNEL COSTS** in this guide for more information. Salaries reported must be actual current salary levels.

List all project related positions funded by LSTA. Report the number of increased hours projected per week, the number of weeks to be worked, hourly rate, gross salary and total benefits for each position. Attach a current job description for each position identified adding at the bottom of the description the changes that will occur for that position as a result of the grant, i.e. increased hours, what duties will be taken away or added etc.

Fringe Benefits

Position	Unemployment Insurance on a % of Payroll Basis only = .001 **	Worker's Comp Rate = .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

* Enter Salary and Benefit totals on the Proposed Budget for LSTA.

** Unemployment insurance must be paid on a percent of payroll basis. Unemployment paid on a cost basis will be the responsibility of the applicant.

LSTA OUTCOMES LOGIC MODEL

(Refer to page 13 in this guide for more information. Applicants are not required to evaluate using this method.)

Project Name: _____

Library: _____

Program Purpose: *(Keep this simple, just answer the question. We do what, for whom, for what outcome or benefit.)*

OUTCOMES <i>(A change in the target audiences skill, knowledge, attitude, behavior, status or life condition as a result of your project or program.)</i>	ACTIVITIES <i>(What activities must take place to achieve the identified outcome?)</i>	OUTPUTS <i>(What are some of the statistics the activity will generate?) Ex: # of participants, increase in circulation?</i>	EVALUATION		
			INDICATORS <i>(When will you know if you have reached success?) Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.</i>	DATA SOURCE <i>(Where will the statistics come from to demonstrate success?) Ex: participant lists</i>	DATA INTERVAL <i>(How often will you evaluate the statistics?) Ex: monthly, semi-annual, annual.</i>

