

Direct Grants to Local Government Archives Application Procedures and Documentation

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

- A completed application form, including a complete list of the members of the county public records commission;
- A budget (budget form attached) showing exactly how the funds requested are to be spent;
- A copy of the annual budget *allocated to the archives by the local government*, **or** (if there is no formal budget allocation for the archives) a certified estimate of the funds expended on archives management, from whatever source, attested to by the county (or city) executive;
- A short (no more than one page) explanation of what the grant is to be used for and why the grant is needed;
- A short (no more than one page) letter from the local official who supervises the archives program explaining how the local archives program satisfies current policies and guidelines found in Tennessee Archives Management Advisory (TAMA): *Basic Archives Management Guidelines for Local Archives* (available by request from the contact information below or online at <http://sos.tn.gov/products/tennessee-state-library-and-archives/tennessee-archives-management-advisories-tamas>);
- Written (no more than one page) recommendations from at least two (2) people who have professional competence in
 - archives or library management (other than the county or city archivist)
 - public or institutional records management
 - historical research using public records
 - genealogy or local history
 - business or legal enterprises that have frequent recourse to public records

Deadline for Applications

Applications must be ***received*** by TSLA ***no later than*** close of business **October 4, 2016**

Application Address: **Myers Brown
Archives Development Program
Tennessee State Library and Archives
403 Seventh Avenue North
Nashville, TN 37243-0312**

Phone: (615) 253-3470
FAX: (615) 532-5315
E-mail: myers.brown@tn.gov

**Direct Grants to Local Government Archives
APPLICATION FORM
(County or Municipal Archives)**

Name of county (or city): _____

Complete mailing address of archives: _____

Name of county (or city) archivist: _____

Phone number of archivist: _____ **E-mail address of archivist:** _____

Name of county (or city) executive: _____

Mailing address for county (or city) executive: _____

County Executive's phone number: _____ **E-mail address:** _____

Organization's FEIN number: _____ **Edison ID number:** _____

Names of members of the public records commission:

_____ (Chairperson) _____

The archivist reports to (county/city/town officer): _____

Date archives established: _____

Scheduled days and hours of operation: _____

Scheduled hours open to the public: _____

Amount requested: \$ _____

To be spent for: _____

Date span of archives (years of oldest and newest records): _____ to _____

Describe briefly the principal kinds of county (or city) records and their approximate volume in cubic feet (linear shelf feet)¹ that your archives keeps and makes available to the public:

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

Typed name and title of official making request: _____

Signature: _____

Date: _____

¹ A rough approximation is acceptable. Precise measurement is not required.

**Direct Grants to Local Government Archives
PROPOSED GRANT BUDGET**

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: _____

Total Grant Requested: \$ _____ .00

<u>Object, Service, or Matter to be Procured</u>	<u>Quantity</u>	<u>Budgeted Cost²</u>
1. _____	_____	\$ _____ .00
2. _____	_____	\$ _____ .00
3. _____	_____	\$ _____ .00
4. _____	_____	\$ _____ .00
5. _____	_____	\$ _____ .00

Total Budgeted Expenditure: \$ _____ .00

Date: _____

Typed Name and Title: _____

Signature: _____

Name and title of the county/city official who authorizes expenditures from the grant funding budget and is accountable accordingly.

² To the nearest whole dollar.

CHECKLIST OF SUPPORTING MATERIALS

The following materials are submitted in support of this grant application:

_____ Completely-filled-out application form (2 pages) *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; OR 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 explanation 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: *Basic Archives Management Guidelines for Local Archives*

_____ Two (2) one-page letters of recommendation

_____ Other (Specify, any additional materials submitted voluntarily in support of the application)

Signed: _____
County/City Archivist