



Department of State

Tennessee State Library and Archives
403 Seventh Avenue North
Nashville, Tennessee 37243-0312

MEMORANDUM

TO: Public Library Directors

FROM: Jack Stacy, Bibliographic Services Coordinator

SUBJECT: 2010 LSTA Technology Grant Program

DATE: November 5, 2009

The Tennessee State Library and Archives announces federal Library Services and Technology Act (LSTA) grant funds available for new purchases or replacement of technology in Tennessee's public libraries. Each library applying for a technology grant must match the federal funds with an equal or greater amount of local funds. Grant requests must be for a minimum of \$500.00.

Grant requests will be accepted for items from the following list:

- **wireless networking equipment**
- **desktop / laptop / notebook computers**
- **network servers**
- **specialized workstations:** literacy, job centers, microfilm reader-printers
- **peripherals:** printers; scanners; monitors; external storage drives
- **software:** general office or children's; library/network management; filtering

To apply, you must:

- complete the application form
- complete the CIPA, W-9, and IMLS certifications forms (these 3 forms may be signed by the library director)
- mail forms to my attention by **November 30, 2009**.

If you need more information, please contact me at jack.stacy@tn.gov or contact your Regional Library Technology Coordinator.



(This project is made possible by a grant from the U.S. Institute of Museum and Library Services and is administered through the Tennessee State Library and Archives.)

TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
LIBRARY SERVICES AND TECHNOLOGY ACT
FY 2010 TECHNOLOGY GRANT PROPOSAL

Library: _____

Mailing Address: _____

City: _____ ZIP: _____

REGION/INDEPENDENT/METRO: _____

Library Director or Project Contact: _____

Telephone: (_____) _____ e-mail: _____

County(ies)/City to be Served _____

Congressional District(s) to be Served _____

Population Characteristics of the County or City to be Served

Use data located at <http://quickfacts.census.gov/qfd/index.html>

County pop. (2008 estimate) _____ .Percent change since 2000 (+/-) _____

RACIAL CHARACTERISTICS

White persons	%
Black persons	%
American Indian, Alaskan Native persons	%
Asian persons	%
Native Hawaiian Or Other Pacific Islander	%
Two or more races	%
Hispanic or Latino origin	%
White, not Hispanic	%

AGE DISTRIBUTION

Population under 5 years	%
Population under 18 years	%
Population 65 years and over	%

ECONOMIC CHARACTERISTICS

Housing units, 2007	
Median Household Income, 2007	\$
Persons below poverty, 2007	%

EDUCATION

High School Graduates	%
Bachelor's degree or Higher	%

FY 2010 TECHNOLOGY GRANT PROPOSAL

LIBRARY: _____

REGION/METRO/INDEPENDENT: _____

***Amount requested should be 50% of total cost of item.**

Grant Category	List name/brand of item. Attach additional pages if necessary.	*Amount requested
Wireless Networking (Wireless equipment, Routers, net-cards)	(See recommendations.)	
Computer peripherals (printers, scanners, monitors, drives, etc.)		
Network Servers/ Hardware		
Library Management Software (Including upgrades, additional modules for current systems.)	(Annual maintenance/license fees not eligible.)	
General Software (Children's, office, filtering)	(Annual maintenance /license fees not eligible.)	
DESKTOP PCs	(See minimum specifications.) _____ x \$500.00 (NUMBER)	
NOTEBOOKs/ LAPTOPs	(See minimum specifications.) _____ x \$600.00 (NUMBER)	
	TOTAL AMOUNT REQUESTED The library must provide and expend an equal or greater amount of local dollars.	

CERTIFICATIONS

For this LSTA grant proposal to be considered for funding, the library must meet requirements for items in the certification table below.

- If this LSTA grant request **does not** include funding for computers to access the Internet, or computer software or peripherals installed on computers accessing the Internet, compliance with Item 1 is not required.
- Option B on the FOLLOWING CIPA FORM allows LSTA funding for requests which do not support Internet access. **If you check NO on item 1, you must submit the CIPA Form with Option B checked.**

I certify that the applicant public library is compliant with the following:

		[check Yes or No]	
		YES	NO
1	Children’s Internet Protection Act (Complete enclosed Internet Safety Certification)		
2	Title VI, Civil Rights Act of 1964		

(ITEMS 3 & 4 ARE NOT REQUIRED FOR METROPOLITAN AND INDEPENDENT LIBRARIES)

		YES	NO
3	Library Service Agreement		
4	Maintenance of Effort		

Signature of Library Director	Date
Signature of Board Chairperson or Authorizing Authority	Date

(CIPA FORM)
LIBRARY SERVICES AND TECHNOLOGY ACT
TECHNOLOGY GRANTS 2010
INTERNET SAFETY CERTIFICATION
FOR LSTA APPLICANT PUBLIC LIBRARIES

APPLICANT LIBRARY: _____

As the duly authorized representative of the applicant library, I hereby certify that
(check EITHER A or B.):

A. <input type="checkbox"/>	<p>The recipient library has complied with the requirements of Section 9134(f)(1) of the Library Services and Technology Act and has in place the following policies, as provided by 20 U.S.C. Section 9134(f)(1):</p> <p style="margin-left: 40px;">(i). A policy of Internet safety <i>for minors</i> that includes the operation of a technology protection measure with respect to any of its computers with Internet access that protects against access through such computers to visual depictions that are: (1) obscene; (2) child pornography; or (3) harmful to minors; and the library is enforcing the operation of such technology protection measure during any use of such computers <i>by minors</i>; and</p> <p style="margin-left: 40px;">(ii). A policy of Internet safety that includes the operation of a technology protection measure with respect to any of its computers with Internet access that protects against access through such computers to visual depictions that are (1) obscene; or (2) child pornography; and the library is enforcing the operation of such technology protection measure during any use of such computers.</p>
B. <input type="checkbox"/>	<p>The requirements of Section 9134(f) of the Library Services and Technology Act do not apply to the recipient library because no funds made available under the LSTA program will be used to purchase computers used to access the Internet or to pay for direct costs associated with accessing the Internet for a public library that does not receive discounted E-Rate services under the Communications Act of 1934, as amended.</p>

 Signature of Authorized Representative

 Printed Name of Authorized Representative

 Title of Authorized Representative

 Date

**SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

1. Please complete general information:

Library Name _____ Phone (____) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4) a. Revocable savings trust (grantor is also trustee)
b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (forentities that are exempt from federal tax, use category 13 below)

 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
-

3. Fill in your taxpayer identification number below: (please complete only one)

1) If you circled number 1-5 above, fill in your Social Security Number.

_____ - _____ - _____

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

_____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____