## CIRCUIT COURT PRESERVATION PROGRAM

## PRESERVATION SUPPLIES GRANT

## GRANT CYCLE FY2021

|  |  |  |
| --- | --- | --- |
| Name of Locality | | |
| Name of applicant | Position Title | Phone Number |
|
| Name of Primary Project Contact (if different from applicant) | Position Title | Phone Number |
|
| E-mail – Primary Project Contact | Fax Number |  |
|
| Physical Address (Street, City, State, Zip Code) | Mailing Address - if different (Street, City, State, Zip Code) | |
| Signature of Circuit Court Clerk | Date | |

## PRESERVATION SUPPLIES – GRANT APPLICATION

**To Be Completed by Circuit Court Clerk or designated staff**

The purchase of preservation supplies, such as acid free boxes, UV filters, plat sleeves, and conservation supplies will receive 100% grant funding. **Contact a consulting archivist or Local Records Program Manager prior to submitting a preservation supplies grant.**

**Name of vendor** - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Preservation supplies** | **Line Item Cost** |
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|  |  |
|  |  |
|  |  |
| **Total cost** |  |

1. Provide a brief summary explaining your office’s need for preservation supplies.

2. Describe the current conditions of the affected records that impede access to them or threaten their long-term preservation.

3. Please summarize the benefits of this project to your office.

4. Explain what actions your office will take in the future to ensure the long-term preservation of the affected records. Please address storage, security, and access in your response.

5. What previous actions have you taken to improve the preservation and management of records in your custody? Be specific.

**Be sure to attach the following with application:**

Proposal of work and estimated costs submitted to clerk by vendor(s).