## 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 |
| **To Be Completed by Circuit Court Records Preservation Program Staff Only** |
| Application Received | Grant Awarded [ ]  Date Grant Denied [ ]  Date  |
|   Name Date | Notification Mailed [ ]  Date |

**PRESERVATION SUPPLIES GRANT – PROJECT DESCRIPTION AND REQUIREMENTS**

**Purchasing preservation supplies**, such as acid free boxes, UV filters, plat sleeves, and materials not related to any other project. The sleeves for the plats must be inert, polyester film, such as Mylar or an equivalent. Conversion of the plats from the existing indexing system may be included.

## PRESERVATION SUPPLIES – GRANT REQUEST FORM

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

**Name of vendor** -

|  |  |
| --- | --- |
| Preservation supplies | Estimated cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total cost |  |

1. Provide explanation for need of preservation supplies.

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

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

4. Please summarize the benefits of this project to your office and community.

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

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

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