## CIRCUIT COURT PRESERVATION PROGRAM

## STORAGE

##

## 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 |

## STORAGE – GRANT REQUEST FORM

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

**If the request for shelving is being made as a result of daily office recording and filing, or for storing historical volumes, an application may be made to the grants program for 50% of the purchase price, with matching funds coming from local sources.** Specifications for shelving may be obtained online at <http://www.lva.virginia.gov/agencies/CCRP/ccrp.asp>

**Plat cabinet -** Conversion of loose or bound plats to plat cabinet, including purchase and installation of cabinet. Comparable bids, following state and local procurement policy, from appropriate and reputable vendors must accompany the grant application. The system may be either a cabinet or drawers, depending on the need of the locality. 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.

Enter the following: name of vendor, storage system needed (shelving or plat cabinet), cost share by locality (if applicable), and total project cost.

**Name of vendor** -

|  |  |  |  |
| --- | --- | --- | --- |
| Storage system | Estimated Cost (Vendor) | 50% Cost Share (Locality) | Total Grant Amount Requested |
|  |  |  |  |

**If 50% matching grant request, subtract the locality’s 50% cost share from vendor’s estimated cost and enter the remaining amount in the Total Grant Amount Requested column. If not a 50% matching grant request, enter -0- in the 50% cost share column.**

1. Provide a brief summary explaining need for shelving or plat cabinet.

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

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

4. Is local funding being applied to cover a portion of the cost of the project?

 [ ]  Yes [ ]  No

5. Once the project is complete, what future actions will you take to ensure the long-term preservation of the original records in your custody?

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

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