

Grant Application Request/Notice



New Competitive Grant Application
 New Non-competitive Grant Application
 Annual Renewal Grant Application (*per BOS Reso #* _____)
 Electronic Submission (ie. Grants.gov etc.)

Application Due Date: 2/28/19
 Department Name: Library
 Office 2: 581

GRANT BACKGROUND INFORMATION:

Contact information for Grantor: Name: California State Library
 Address: Sacramento, CA
 Phone: 916-651-0981

Grant Amount: \$50,043

Funding Type:
 Federal: _____
 CFDA # _____
 State
 Other

Funding Period:
 From: 7/1/19
 To: 6/30/20
 Is grant expected to renew?
 Yes No

Source(s) of matching funds:
 n/a

Amount(s) of match: _____
In-Kind?
 Yes No
 Yes No
 Yes No

GRANT PROGRAM DESCRIPTION:

Describe the program to be funded through this grant (include who will be served and what services will be provided): "The Voice of the Nisenan: 'We Are Still Here'," is a collaborative project with the Nevada City Rancheria. Project events will include a Speaker Series, Story Walks (laminated book pages posted in the windows of downtown businesses), and related children's programs. Other activities will include the production of a Nisenan-language picture book; an interactive GIS story map showing Nisenan territory and notable locations; and a permanent outdoor Story Walk along a local walking trail. The project will result in a Nisenan webpage linked from the Historical Library's site, populated with electronic files created on a kiosk as a previous grant project as well as the GIS map and an electronic version of the new picture book.

GRANT FUNDING ANALYSIS:

Does funding include: Yes No *If applicable, what percentage?*

Administrative costs?

Describe limitations on allowable administrative costs: n/a

Describe funding sustainability:

The one-time grant will fund the completion of all tasks in the project and the purchase of a server with the capacity to host the currently planned Nisenan webpage content plus other historical files for the Foley website. Currently, the Library has only enough server space to store a small fraction of its digital collection.

GRANT PROGRAM STAFFING:

What staff will be assigned to grant program?	Job Title	% FTE	Temporary?	New hire?
	Librarian III	1.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Librarian I	1.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Library Tech	1.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Library Assistant	1.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby approve submittal of this grant application per the authority granted by BOS Resolution _____.

Department Director's Signature: [Signature]

Date: 2/28/19

CEOs Signature: [Signature]

Date: 3/5/19

Dept provided complete copy of application to Auditor Controller on _____ (date)

By: _____ (name)