# Mohawk Valley Library System Annual Report for Library Systems - 2016 (Public Library Systems 2016)

#### CURRENT YEAR

# **1. General System Information**

1.1	SEDCODE	530600700012
1.2	System Name	Mohawk Valley Library System
1.3	Beginning Reporting Year	1/1/2016
1.4	Ending Reporting Year	12/31/2016
1.5	Street Address	858 Duanesburg Rd.
1.6	City	Schenectady
1.7	Zip Code	12306
1.8	Four-Digit Zip Code Extension (enter N/A if unknown)	1057
1.9	Mailing Address	858 Duanesburg Rd.
1.10	City	Schenectady
1.11	Zip Code	12306
1.12	Four-Digit Zip Code Extension (enter N/A if unknown)	1057
1.13	Library System Telephone Number (enter 10 digits only and hit the Tab key)	(518) 355-2010
1.14	Fax Number (enter 10 digits only)	(518) 355-0674
1.15	System Home Page URL	www.mvls.info
1.16	URL of the system's complete Plan of Service	http://www.mvls.info/wp-content/uploads/2014/05/BTCollect_Plan_of_Service.pdf
1.17	Population Chartered to Serve (2010 Census)	293,226
1.18	Area Chartered to Serve (square miles)	1725
1.19	Federal Employer Identification Number	141458888
1.20	County	Schenectady
1.21	County (Counties) Served	Fulton, Montgomery, Schenectady, Schoharie
1.22	School District	Schalmont Central School District
1.23	Title of System Director: (drop-down): Mr., Mrs., Ms., Miss, Dr.	Mr.
1.24	First Name of System Director	Eric
1.25	Last Name of System Director	Trahan

1.26	NYS Public Librarian Certification Number of the Director of Public Library System, and Reference and Research Library Resources System.	16164
1.31	Telephone Number of the System Director, including area code and extension (enter digits only, field will automatically format with extension)	(518) 355-2010 Ext.223
1.32	E-Mail Address of the System Director	etrahan@mvls.info
1.33	Fax Number of the System Director (enter 10 digits only and hit the Tab key)	(518) 355-0674
1.34	Name of Outreach Coordinator	Lois Gordon
1.47	Is the library system a member of the New York State and Local Retirement System?	Y
1.48	Does the reporting system have a contractual agreement with a municipality or district to provide library services to residents of an area not served by a chartered library? Enter Y for Yes, N for No. If yes, please complete one repeating group for each contract. If no, enter N/A on questions 1 through 5 of one repeating group.	Ν
1.	Name of Contracting Municipality or District	N/A
2.	Is this a written contract? (Enter Y for Yes, N for No)	N/A
3.	Population of the geographic area served by this contract	N/A
4. 5.	Dollar amount of contract Indicate "Full" or "Partial"	N/A
5.	range of services provided by this contract (Select one)	N/A

1.49 For the reporting year, has the system experienced any unusual circumstance(s) that affected the statistics and/or information reported (e.g. natural disaster, fire, closed N for renovations, massive weeding of collection, etc.)? Indicate Y for Yes, N for No. If Yes, please annotate using the State note.

THESE QUESTIONS ARE FOR NYC PUBLIC LIBRARY SYSTEMS ONLY. PLEASE PROCEED TO THE NEXT QUEST

- 1.50 President/CEO Name. If there is no President/CEO please enter "N/A"
- 1.51 President/CEO Phone Number
- 1.52 President/CEO Email

# 2. Personnel Information

2.1 FTE (Full-Time Equivalent Calculation) The number of hours per work week used to compute FTE for all budgeted positions.

#### **BUDGETED POSITIONS IN FULL-TIME EQUIVALENTS**

(enter to two decimal places; enter decimal point)

	I '	1
2.4	Public Library System Director per CR 90.3(f) - Filled Position FTE	1
2.5	Public Library System Director per CR 90.3(f) - Vacant Position FTE	0
2.10	Librarians - Filled Position(s) FTE	2
2.11	Librarians - Vacant Position(s) FTE	0
2.12	Outreach Coordinator (certified) per CR 90.3 (1)(2)(iii) - Filled Position FTE	1
2.13	Outreach Coordinator (certified) per CR 90.3 (1)(2)(iii) - Vacant Position FTE	0
2.14	Total Certified Librarians - Filled Position(s) FTE (total questions 2.4 + 2.6 + 2.8 + 2.10 + 2.12)	4.00
2.15	Total Certified Librarians - Vacant Position(s) FTE (total questions 2.5 + 2.7 + 2.9 + 2.11 + 2.13)	0.00

Total Other Professional Staff - Filled Position(s) FTE	0
Total Other Professional Staff - Vacant Position(s) FTE	0
Total Other Staff - Filled Position(s) FTE	3.1
Total Other Staff - Vacant Position(s) FTE	0
Total Paid Staff - Filled Position(s) FTE (total questions 2.14 + 2.16 + 2.18)	7.10
Total Paid Staff - Vacant Position(s) FTE (total questions 2.15 + 2.17 + 2.19)	0.00
Y INFORMATION	
Entry-Level Librarian (certified) FTE	0
Entry-Level Librarian (certified) Current Annual Salary	\$51,262
System Director FTE	1
System Director Current Annual Salary	\$93,052
	Total Other Professional Staff - Vacant Position(s) FTE Total Other Staff - Filled Position(s) FTE Total Other Staff - Vacant Position(s) FTE Total Paid Staff - Filled Position(s) FTE (total questions 2.14 + 2.16 + 2.18) Total Paid Staff - Vacant Position(s) FTE (total questions 2.15 + 2.17 + 2.19) Y INFORMATION Entry-Level Librarian (certified) FTE Entry-Level Librarian (certified) Current Annual Salary System Director FTE System Director Current

# 3. System Membership, Outlets and Governance

# PUBLIC SERVICE OUTLETS

3.9	Number of member libraries	14
3.15	Main Library/System Headquarters	1
3.16	Branches	0
3.17	Bookmobiles	0
3.18	Reading Centers	0
3.19	Other Outlets	0
3.20	Total Public Service Outlets (total questions 3.15 through 3.19)	1
3.21	Name of Central Library/Co-Central Libraries	Schenectady County Public Library
BOARD	COUNCIL MEETINGS	
3.22	Total number of public library system/3Rs board meetings or school library system council meetings held during reporting year	9
3.24	Current number of <u>voting</u> positions on system board/council	13
3.25	Term length for system board/council members	5 years

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

3.26 Board/Council Selection -Enter Board/Council Selection Code (select one; drop-down). If O is selected, E please use the State note to explain how members were named to the Board/Council.

#### SYSTEM BOARD/COUNCIL

Public Library Systems - enter information for the period January 1, 2017, through December 31, 2017.

School Library Systems and 3Rs Systems - enter information for the period July 1, 2017, through June 30, 2018

President/Council Chair 3.27 Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant Barbara 3.28 First Name Madonna 3.29 Last Name 3.30 Institutional Affiliation Gloversville Public Library 3.31 **Professional Title** Trustee 58 East Fulton St. 3.32 Mailing Address Gloversville 3.33 City Zip Code (enter five digits 3.34 12078 only) 3.35 Telephone for the Board President (enter 10 digits only (518) 725-0231 and hit the Tab key) bmadonna@mvls.info 3.36 E-mail Address 3.37 Term Begins - Month June 3.38 Term Begins - Year (yyyy) 2015 3.39 Term Expires - Month or N/A June Term Expires - Year (YYYY) 2020 3.40 or N/A 3.41 Is this trustee serving a full term? If No, add a State Note if this trustee's term is not a full term (for example, this Yes trustee was appointed to complete the remainder of a term of a trustee who resigned their position). 3.42 The date the board president 05/19/2015 took the Oath of Office (mm/dd/yyyy) 3.43 The date the Oath of Office was filed with town or county 05/29/2015 clerk (mm/dd/yyyy) 3.44 Is this a brand new trustee? Ν

Board/Council Member - complete one record for each Board/Council Member. For each vacant position, select "Vacant" in que must be 5 to 11 (no less than five and no more than 11).

1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend,	Mr.
	Other (specify using the State note), Vacant	
2.	First Name	Bernard
3.	Last Name	Allanson
4.	Institutional Affiliation	Schenectady County Public Library
5.	Professional Title	N/A
6.	Mailing Address	1193 Oxford Place
7.	City	Schenectady
8.	Zip Code (enter five digits only)	12308
9.	Term Begins - Month	June
10.	Term Begins - Year (yyyy)	2015
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2020
13.	Is this trustee serving a full term? If No, add a State Note	
	(for example, this trustee was	
	appointed to complete the	Y
	remainder of a term of a	
	trustee who resigned their position).	
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	06/22/2015
15.	The date the Oath of Office	
	was filed with town or county clerk (mm/dd/yyyy)	06/23/2015
16.	Is this a brand new trustee?	Ν
1.	Title (drop-down): Mr., Mrs.,	
	Ms., Miss, Dr., The	N
	Honorable, The Reverend, Other (specify using the State	Vacant
	note), Vacant	
2.	First Name	N/A
3.	Last Name	N/A
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A
6.	Mailing Address	N/A
7.	City	N/A
8.	Zip Code (enter five digits only)	N/A
9.	Term Begins - Month	N/A
10.	Term Begins - Year (yyyy)	N/A
11.	Term Expires - Month or N/A	N/A
12.	Term Expires - Year (YYYY) or N/A	N/A

13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a	N\A
	trustee who resigned their	
14.	position). The date the trustee took the Oath of Office (mm/dd/yyyy)	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Joanne
3.	Last Name	Mickle
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A
б.	Mailing Address	84 Maple Ave
7.	City	Canajoharie
8.	Zip Code (enter five digits only)	13317
9.	Term Begins - Month	August
10.	Term Begins - Year (yyyy)	2016
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2018
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Ν
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	07/26/2016
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	08/15/2016
16.	Is this a brand new trustee?	Y
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Marion
3.	Last Name	Grimes
4.	Institutional Affiliation	Schenectady County Public Library
5.	Professional Title	N/A

6.	Mailing Address	1020 Tomahawk Trail
7.	City	Scotia
8.	Zip Code (enter five digits only)	12302
9.	Term Begins - Month	April
10.	Term Begins - Year (yyyy)	2016
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2020
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Ν
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	04/07/2016
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	04/11/2016
16.	Is this a brand new trustee?	Ν
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
	now), vacant	
2.	First Name	Jane
2. 3.		Jane Borrelli
	First Name	
3.	First Name Last Name	Borrelli
3. 4.	First Name Last Name Institutional Affiliation	Borrelli Northville Public Library
3. 4. 5.	First Name Last Name Institutional Affiliation Professional Title	Borrelli Northville Public Library N/A
3. 4. 5. 6.	First Name Last Name Institutional Affiliation Professional Title Mailing Address	Borrelli Northville Public Library N/A PO Box 1311
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits	Borrelli Northville Public Library N/A PO Box 1311 Northville
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only)	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134 June 2012
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy)	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134 June 2012
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Month or N/A Term Expires - Year (YYYY)	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134 June 2012 June
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Year (yyyy) Term Expires - Year (YYYY) or N/A Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134 June 2012 June 2017
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Month or N/A Term Expires - Year (YYYY) or N/A Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). The date the trustee took the	Borrelli Northville Public Library N/A PO Box 1311 Northville 12134 June 2012 June 2017 Y

1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Bonnie
3.	Last Name	Kerr
4.	Institutional Affiliation	None
5.	Professional Title	N/A
6.	Mailing Address	12 Goodrich Ave
7.	City	Fort Plain
8.	Zip Code (enter five digits only)	13339
9.	Term Begins - Month	June
10.	Term Begins - Year (yyyy)	2012
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2017
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	у
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	6/18/2012
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	07/09/2012
16.	Is this a brand new trustee?	Ν
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Eleanor
3.	Last Name	Spencer
4.	Institutional Affiliation	N\A
5.	Professional Title	Trustee
6.	Mailing Address	15 Lawyers Lane
7.	City	Middleburgh
8.	Zip Code (enter five digits only)	12122
9.	Term Begins - Month	September
10.	Term Begins - Year (yyyy)	2016
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2021

13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their	Ν
	position).	
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	9/21/2016
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	09/29/2016
16.	Is this a brand new trustee?	Y
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The	-
	Honorable, The Reverend, Other (specify using the State note), Vacant	Vacant
2.	First Name	N/A
3.	Last Name	N/A
<i>4</i> .	Institutional Affiliation	N/A
 5.	Professional Title	N/A
5. 6.		N/A
0. 7.	Mailing Address	N/A N/A
	City Zin Code (anter five digits	
8.	Zip Code (enter five digits only)	N/A
9.	Term Begins - Month	N/A
10.	Term Begins - Year (yyyy)	N/A
11.	Term Expires - Month or N/A	N/A
12.	Term Expires - Year (YYYY) or N/A	N/A
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	
1.	Title (drop-down): Mr., Mrs.,	
	Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Mary
3.	Last Name	Salluzzo
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A

6. 7.	Mailing Address City	204 South William St. Johnstown
8.	Zip Code (enter five digits only)	12095
9.	Term Begins - Month	June
10.	Term Begins - Year (yyyy)	2016
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2021
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	05/18/2016
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	05/25/2016
16.	Is this a brand new trustee?	Ν
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
	note, vacant	
2.	First Name	Patricia
2. 3.		Patricia Franco
	First Name	
3.	First Name Last Name	Franco
3. 4.	First Name Last Name Institutional Affiliation Professional Title	Franco N/A
3. 4. 5. 6.	First Name Last Name Institutional Affiliation Professional Title Mailing Address	Franco N/A Trustee
3. 4. 5.	First Name Last Name Institutional Affiliation Professional Title	Franco N/A Trustee 8 Robin St.
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits	Franco N/A Trustee 8 Robin St. Gloversville
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only)	Franco N/A Trustee 8 Robin St. Gloversville 12078
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month	Franco N/A Trustee 8 Robin St. Gloversville 12078 June 2016
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy)	Franco N/A Trustee 8 Robin St. Gloversville 12078 June 2016
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Month or N/A Term Expires - Year (YYYY)	Franco N/A Trustee 8 Robin St. Gloversville 12078 June 2016 June
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Year (yyyy) Term Expires - Year (YYYY) or N/A Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their	Franco N/A Trustee 8 Robin St. Gloversville 12078 June 2016 June 2021
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	First Name Last Name Institutional Affiliation Professional Title Mailing Address City Zip Code (enter five digits only) Term Begins - Month Term Begins - Year (yyyy) Term Expires - Month or N/A Term Expires - Year (YYYY) or N/A Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). The date the trustee took the	Franco N/A Trustee 8 Robin St. Gloversville 12078 June 2016 June 2021 Y

1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Mr.
2.	First Name	Anthony
3.	Last Name	Gaddy
4.	Institutional Affiliation	Schenectady County Public Library
5.	Professional Title	Trustee
6.	Mailing Address	2044 State St., Apt C
7.	City	Schenectady
8.	Zip Code (enter five digits only)	12304
9.	Term Begins - Month	June
10.	Term Begins - Year (yyyy)	2014
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2019
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	07/21/2014
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	07/25/2014
16.	Is this a brand new trustee?	Ν
1.	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Mr.
2.	First Name	Keith
3.	Last Name	Seeber
4.	Institutional Affiliation	Fort Plain Free Library
5.	Professional Title	President
6.	Mailing Address	6930 St. Hwy. 5S
7.	City	Fort Plain
8.	Zip Code (enter five digits only)	13339
9.	Term Begins - Month	June
10.	Term Begins - Year (yyyy)	2016
11.	Term Expires - Month or N/A	June
12.	Term Expires - Year (YYYY) or N/A	2021

- 13. Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the Y remainder of a term of a trustee who resigned their position).
- 14. The date the trustee took the Oath of Office (mm/dd/yyyy) 05/25/2016
- 15. The date the Oath of Office was filed with town or county 06/16/2016 clerk (mm/dd/yyyy)
- 16. Is this a brand new trustee? N

#### **COORDINATED OUTREACH COUNCIL**

3.45 Has the Coordinated Outreach Council met at least two times during the calendar year Y per CR 90.3 (j)(2)(iv)? (Enter Y for Yes, N for No).

Coordinated Outreach Council Members - complete one record for each Council Member for the period January 1, 2017, throu questions 2-5 of the repeating group. The number of council members must be 5 to 11 (no less than five and no more than 11).

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

1.	Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Mr.
2.	First Name	Barry
3.	Last Name	Finley
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A
1.	Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Lois
3.	Last Name	Gordon
4.	Institutional Affiliation	Mohaek Valley Library ystem
5.	Professional Title	Outreach Coordinator
1.	Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Marion
3.	Last Name	Grimes
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A

1.	Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Linda
3.	Last Name	Burns
4.	Institutional Affiliation	CASA at Centro Civico
5.	Professional Title	Manager
1.	Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant	Ms.
2.	First Name	Sarah
3.	Last Name	Beekman
4.	Institutional Affiliation	N/A
5.	Professional Title	N/A

# 4. Public Library System Transactions and Collections

4.1	Number of registered system borrowers	260
4.2	System Visits	1,629
CIRCU	LATION	
4.3	Total Cataloged Book Circulation	927
4.4	Total Circulation of Other Materials	331
4.5	Physical Item Circulation (Total questions 4.3 & 4.4)	1,258
4.6	Use of Electronic Material	0
4.7	Successful Retrieval of Electronic Information	0
4.8	Electronic Content Use (Total Questions 4.6 & 4.7)	0
4.9	Total Circulation of Materials (Total Questions 4.5 & 4.6)	1,258
4.10	Total Collection Use (Total Questions 4.7 & 4.9)	1,258
GENER	AL SYSTEM HOLDINGS	
4.11	Total Cataloged Book Holdings	41,862
4.12	Uncataloged Book Holdings	0
4.13	Total Print Serial Holdings	26
4.14	All Other Print Materials Holdings	92
4.15	Total Number of NOVELNY Databases	10
4.16	Total Electronic Holdings	8,762
4.17	Other Non-Electronic Materials	5,542

4.18 Grand Total Holdings (total questions 4.11 through 4.17) 56,294

# **ROTATING COLLECTIONS/BOOK LOANS**

- 4.19 Does the system have rotating collections/bulk loans? (Enter Y Y for Yes, N for No)
- 4.20 Number of collections 241
- 4.21 Average number of items per 36 collection

### **5. System Services**

#### **TECHNOLOGY AND RESOURCE SHARING**

#### **INTEGRATED LIBRARY SYSTEM (ILS)**

5.1 Does the system provide an integrated library automation system (ILS) for its member Y libraries? (Enter Y for Yes, N for No)

5.2 Indicate which modules of the system's ILS have been implemented (check all that apply):

J.2 mule	ate which modules of the system	it's it's nave been impi
a.	Circulation	Yes
b.	Public Access Catalog	Yes
c.	Cataloging	Yes
d.	Acquisitions	Yes
e.	Inventory	Yes
f.	Serials Control	Yes
g.	Media Booking	No
h.	Community Information	No
i.	Electronic Resource Management	No
j.	Digital Collections Management	No
5.3	Identify ILS system vendor	III Polaris
5.4	How many member libraries fully participate in the ILS?	2
5.5	% of member libraries participating (calculated field)	14.29%
5.6	How many member libraries participate in some ILS modules?	12
5.7 Indic	ate features of the system's ILS	(check all that apply):
a.	ILS shared with other library systems	Yes
b.	ILS software permits patron-initiated ILL	Yes
с.	ILL feature implemented and used	Yes
5.8	Number of titles in the ILS bibliographic database	668,125

5.9	Number of new titles added by the system in the reporting year	9,173
5.10	Number of Central Library Aid titles added in the reporting year	2,022
5.11	Number of new titles added by the members in the reporting year	24,158
5.12	Total new titles (total questions 5.9 through 5.11)	35,353

#### UNION CATALOG OF RESOURCES

#### For this report, a union catalog is defined as a vehicle that can access member and / or non-member catalogs. It can be (

5.13 In what format(s) is the union catalog available? (Check all that apply):

a.	Print	No
b.	Disc	No
c.	Online (virtual catalog)	Yes
5.14	How many libraries participate in (or submit records for) the union catalog?	14
5.15	Is the system's union catalog shared with any other library system(s)? (Enter Y for Yes, N for No)	Y
5.16	Number of titles in the system's union catalog	668,125
5.17	Number of holdings in the system's union catalog	681,000
5.18	Number of new titles added in the last year	25,427
5.19	Number of holdings added in the last year	68,404
5.20 If	the union catalog is online (virt	ual catalog) Indicate the features of the system's virtual catalog (check all that apply):
a.	Non-member catalogs are included (if checked, please name non-member catalogs using the State note)	No
b.	Non-library catalogs are included (if checked, please name non-library catalogs using the State note)	No
с.	Patron-initiated ILL available and used through this catalog	No
UNION	LIST OF SERIALS	
5.21	Does the system have a union list of serials? (Enter Y for Yes, N for No. If No, enter zero (0) on question 5.22.)	Y

5.22 How many libraries participate in (or submit records for) the union list of serials?

#### COMBINED SYSTEM UNION CATALOG AND UNION LIST OF SERIALS

5.23 Does the system's union catalog contain both books and serials? (Enter Y for Yes, N for No, or N/A)

#### VISITS TO THE SYSTEM'S WEB SITE

5.24 Annual number of visits to the system's web site 86,810

#### SYSTEM INTERLIBRARY LOAN ACTIVITY

- 5.25 Total items provided (loaned) 1,882
- 5.26 Total items received (borrowed)
  5.27 Total requests provided (loaned) unfilled
  5.28 Total requests received 0
- (borrowed) unfilled 0
- 5.29 Total interlibrary loan activity (total questions 5.25 through 2,622 5.28)

#### DELIVERY

5.30 Indicate delivery methods used by the system (check all that apply):

Note: For questions which include a choice of "Other", please add a State Note of explanation when "Other" is chosen. Also pl

a.	System courier (on the System's payroll)	No
b.	Other system's courier	No
d.	Contracted service (paid by System - not on payroll)	Yes
e.	U.S. Mail	Yes
f.	Commercial carrier (e.g., UPS, DHL, etc.)	No
g.	Other (specify using the State note)	No
5 31	Number of stops (pick-up and	

5.31 Number of stops (pick-up and delivery sites per week) 116

#### CONTINUING EDUCATION/STAFF DEVELOPMENT Workshops/Meetings/Training Sessions

#### **Resource sharing (ILL, collection development, etc.)**

5.32	Number of sessions	1
5.33	Number of participants	7
Techn	ology	
5.34	Number of sessions	6
5.35	Number of participants	141
Digitization		
5.36	Number of sessions	0
		0

5.37 Number of participants 0

# Leadership

Leauer					
5.38	Number of sessions	3			
5.39	Number of participants	40			
Manage	Management & Supervisory				
5.40	Number of sessions	4			
5.41	Number of participants	86			
Plannin	g and Evaluation				
5.42	Number of sessions	7			
5.43	Number of participants	84			
Awaren	ess and Advocacy				
5.44	Number of sessions	5			
5.45	Number of participants	36			
Trustee	/Council Training				
5.46	Number of sessions	5			
5.47	Number of participants	108			
Special	<b>Client Populations</b>				
5.48	Number of sessions	0			
5.49	Number of participants	0			
Childre	n's Services/Birth to Kinderga	arten			
5.50	Number of sessions	3			
5.51	Number of participants	88			
Childre	n's Services/Elementary Grad	le Levels			
5.52	Number of sessions	5			
5.53	Number of participants	80			
Young Adult Services/Middle and High School Grade Levels					
Young A	Adult Services/Middle and Hig	gh School Grade Levels			
<b>Young</b> 5.54	Adult Services/Middle and Hig Number of sessions	gh School Grade Levels 0			
-		-			
5.54 5.55	Number of sessions	0			
5.54 5.55	Number of sessions Number of participants	0			
5.54 5.55 <b>Genera</b>	Number of sessions Number of participants Adult Services	0 0			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants	0 0 1			
5.54 5.55 <b>Genera</b> 5.56	Number of sessions Number of participants Adult Services Number of sessions	0 0 1			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above?	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above?	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of	0 0 1 16			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group.	0 0 1 16 N			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic	0 0 1 16 5 N			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58	Number of sessions Number of participants Adult Services Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants Grand Total Sessions (total	0 0 1 16 N/A N/A N/A			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58 1. 2. 3.	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants <b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36,	0 0 1 16 N/A N/A N/A			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58 1. 2. 3.	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants <b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36, 5.38, 5.40, 5.42, 5.44, 5.46,	0 0 1 16 N/A N/A N/A			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58 1. 2. 3.	Number of sessions Number of participants Adult Services Number of sessions Number of sessions Number of participants Other: Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants <b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36, 5.38, 5.40, 5.42, 5.44, 5.46, 5.48, 5.50, 5.52, 5.54, 5.56	0 0 1 16 N/A N/A N/A N/A N/A			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58 1. 2. 3.	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants <b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36, 5.38, 5.40, 5.42, 5.44, 5.46,	0 0 1 16 N/A N/A N/A N/A N/A			
5.54 5.55 <b>Genera</b> 5.56 5.57 5.58 1. 2. 3.	Number of sessions Number of participants <b>Adult Services</b> Number of sessions Number of participants <b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group. Topic Number of sessions Number of participants <b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36, 5.38, 5.40, 5.42, 5.44, 5.46, 5.48, 5.50, 5.52, 5.54, 5.56 and total of question #2 of	0 0 1 16 N/A N/A N/A N/A N/A			

5.60

(total questions 5.33, 5.35, 5.37, 5.39, 5.41, 5.43, 5.45, 5.47, 5.49, 5.51, 5.53, 5.55, 5.57 and total of question #3 of Repeating Group #5)

5.61 Do library system staff and/or trustees reach outside of the library system building to promote system programs and services through group presentations, information tables and/or other similar educational activities sponsored by the Library System?

#### **COORDINATED SERVICES**

5.62 Indicate which services the system provides (check all that apply):

Note: For questions which include a choice of "Other", please add a State Note of explanation when "Other" is chosen. Also pl

	1	1 L
a.	Coordinated purchase of print materials	Yes
b.	Coordinated purchase of non-print materials	Yes
с.	Negotiated pricing for licensed electronic collection purchases (not purchasing)	No
d.	Cataloging	Yes
e.	Materials processing	Yes
f.	Coordinated purchase of office supplies	Yes
g.	Coordinated computer services/purchases	Yes
h.	Virtual reference	No
i.	Other (describe using the State note)	No
j.	N/A	No
CONSU	LTING AND TECHNICAL A	ASSISTANCE SERVICES
<b>CONSU</b> 5.63	<b>LTING AND TECHNICAL</b> A Number of contacts - Consulting with member libraries on grants, and state and federal funding	ASSISTANCE SERVICES
	Number of contacts - Consulting with member libraries on grants, and state	
5.63	Number of contacts - Consulting with member libraries on grants, and state and federal funding Number of contacts - Consulting with member libraries on funding and	596
5.63 5.64	Number of contacts - Consulting with member libraries on grants, and state and federal funding Number of contacts - Consulting with member libraries on funding and governance Number of contacts - Consulting with member libraries on charter and	596 595

5.67	Number of contacts - Consulting with member libraries on youth services	18,941
5.68	Number of contacts - Consulting with member libraries on adult services	797
5.69	Number of contacts - Consulting with member libraries on physical plant needs	580
5.70	Number of contacts - Consulting with member libraries on personnel and management issues	324
5.71	Number of contacts - Consulting with state and county correctional facilities	92
5.72	Number of contacts - Providing information to local, county, and state legislators and their staffs	86
5.73	Number of contacts - Providing system and member library information to the media	17
5.74	Number of contacts - Providing website development and maintenance for member libraries	118
5.75	Does the system provide other Consulting and Technical Assistance Services not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic. If No, enter N/A for questions 1 and 2 of one repeating group.	Y
1.	Торіс	Outreach
2.	Number of contacts (all types)	63
1.	Topic	ILL
2.	Number of contacts (all types)	1,109
5.76	<b>Total other contacts</b> (total of question #2 of Repeating Group #6)	1,172
5.77	<b>Total number of contacts</b> (total of questions 5.63 through 5.74 and 5.76)	26,798
REFER	ENCE SERVICES	
	Total Reference Transactions CES TO SPECIAL CLIENTS and Contractual)	151

5.79 Indicate services the system provides to special clients (check all that apply):

a.	Services for patrons with disabilities	Yes
b.	Services for patrons who are educationally disadvantaged	Yes
с.	Services for patrons who are aged	Yes
d.	Services for patrons who are geographically isolated	Yes
e.	Services for patrons who are members of ethnic or minority groups in need of special library services	No
f.	Services to patrons who are in institutions	Yes
g.	Services for unemployed and underemployed individuals	No
i.	N/A	No
5.80	Number of BOOKS BY MAIL loans	0
5.81	Number of member libraries with Job/Education Information Centers or collections	5
5.82	Number of State Correctional Facilities libraries served	1
5.83	Number of County Jails libraries served	3
5.84	Number of institutions served other than jails or correctional facilities	3
5.85	Does the system provide other special client services not listed above? If yes, complete one record for each service provided. If no, enter N/A in questions 1 and 2 of one repeating group.	Y
1.	Service provided	Lip Reading software
2.	Number of facilities/institutions served	21
5.86	Does the system charge fees for any program or service? Enter Y for Yes; N for No. If yes, briefly describe using the text box below; if no, enter N/A in Question 5.87.	Y
5.87	Description of fees	

# 6. Operating Funds Receipts LOCAL PUBLIC FUNDS

6.1	Does the system receive county funding? Enter Y for Yes, N for No. If yes, please complete one record for each county. If No, enter N/A on questions 1 through 4 of one	Ν
	repeating group.	
1.	County Name	N/A
2.	Amount	N/A
3.	Subject to Public Vote (Enter Y for Yes, N for No, or N/A)	N/A
4.	Written Contract (Enter Y for Yes, N for No, or N/A)	N/A
6.2	Total County Funding	\$0
6.3	All Other Local Public Funds	\$0
6.4	<b>Total Local Public Funds</b> (total questions 6.2 and 6.3)	\$0
STATE	<b>AID RECEIPTS - arranged i</b>	n alphabetical order
6.5	Adult Literacy Library Services Grants	\$8,685
6.6	Central Library Development Aid	\$98,245
6.7	Central Book Aid	\$66,900
6.8	Conservation/Preservation Grants	\$0
6.9	Construction for Public Libraries Aid	\$0
6.10	Coordinated Outreach Services Aid	\$75,901
6.11	Correctional Facilities Library Aid	
6.12	County Jails Library Aid	\$3,962
6.14	Family Literacy Grants	\$8,386
6.18	Local Library Services Aid - Kept at System	\$0
6.19	Local Library Services Aid - Distributed to Members	\$78,564
6.20	Total LLSA (total questions 6.18 and 6.19)	\$78,564
6.21	Local Services Support Aid	\$64,481
6.22	Local Consolidated Systems Aid	\$0
6.26	Public Library System Basic Aid	\$718,002
6.27	Public Library System Supplementary Operational Aid	\$115,013
6.36	Special Legislative Grants and Member Items	\$117,500
6.37	The New York Public Library - The Research Libraries	\$0

6.38	The New York Public Library, Andrew Heiskell Library for the Blind and Physically Handicapped Aid	\$0
6.39	The New York Public Library, City University of New York	\$0
6.40	The New York Public Library, Schomburg Center for Research in Black Culture Library Aid	\$0
6.41	The New York Public Library, Science, Industry and Business Library	\$0
6.42	Does the system receive state funding from other sources? Enter Y for Yes, N for No. (Report Special Legislative Grants and Member Items on Q 6.36).	Y
Complet	te one record for each grant. If t	he system does not receive other state aid, enter N/A on questions 1 and 2 of one repeat
1.	Funding Source	NYSCA - Special Arts Grant
2.	Amount	\$2,500
1.	Funding Source	NYSCA - Book Discussions
2.	Amount	\$5,000
1.	Funding Source	NYSED-DLD Train the Trainer
2.	Amount	\$12,000
6.43	Total Other State Aid (total question #2 of Repeating Group #9 above)	\$19,500
6.44	<b>Total State Aid Receipts</b> (total questions 6.5 through 6.14, questions 6.20 through 6.22, questions 6.26 through 6.27, questions 6.36 through 6.41, and question 6.43)	\$1,381,423
FEDER	AL AID	
6.45	Library Services and Technology Act (LSTA)	\$0
6.46	Does the system receive any other Federal Aid (specify Act and Title) e.g., NEH, NEA, etc.? Enter Y for Yes, N for No.	Ν
Complet	te one record for each grant. If t	he system does not receive other federal aid, enter N/A on questions 1 and 2 of one rep
1.	Funding Source	N/A
2.	Amount	\$0
6.47	Total Other Federal Aid (total questions #2 of Repeating Group #10 above)	\$0
6.48	<b>Total Federal Aid</b> (total questions 6.45 and 6.47)	\$0
CONTR	questions 6.45 and 6.47) RACTS WITH LIBRARIES a	nd/or LIBRARY SYSTEMS IN NEW YORK STATE
	and the state of the transferred of a	

£ 40		
6.49	Does the system contract with	
	libraries and/or library systems in New York State?	Ν
	Enter Y for Yes, N for No.	
Comple		If the system does not contract, enter N/A on questions 1, 2 and 3 of one repeating grou
1.		N/A
	Contracting Agency	
2.	Contracted Service	N/A
3.	Total Contract Amount	\$0
6.50	Total Contracts (total	
	question #3 of Repeating	\$0
	Group #11 above)	
MISCE	LLANEOUS RECEIPTS	
6.51	Gifts, Endowments,	
	Fundraising, Foundations	
	(include Gates Grants here;	\$9,615
	specify project number(s) and	
	dollar amount using the state note)	
6.53	Income from Investments	\$3,151
	s from Sale of Property	ψ3,151
		¢0
6.54	Real Property	\$0
6.55	Equipment	\$0
6.56	Does the system have other	
	miscellaneous receipts in categories not listed in	Y
	questions 6.51 through 6.55?	1
	Enter Y for Yes, N for No.	
Comple		ategory. If the system does not have other miscellaneous receipts, enter N/A on question
1.	Receipt category	Annual Dinner
1. 2.	Amount	\$900
1.	Receipt category	Computer Equipment Reimbursable
2.	Amount	\$171,425
1.	Receipt category	Electronic Materials Reimbursable
2.	Amount	\$64,846
1.	Receipt category	Member Fees (ILS-JA)Reimbursable
2.	Amount	\$223,307
1.	Receipt category	Miscellaneous Income
2.	Amount	\$621
1.	Receipt category	Program / Workshop Reimbursements
2.	Amount	\$1,355
1.	Receipt category	Materials Reimbursable
2.	Amount	\$2,665
2. 1.	Receipt category	Office & Library Supplies Reimbursable
1. 2.	Amount	\$569
		ψυ Ο /
6.57	Total Other Miscellaneous	\$165.699
	Receipts (total question #2 of Repeating Group #12 above)	φ <del>4</del> 0 <i>3</i> ,000
650		
6.58	<b>Total Miscellaneous</b> <b>Receipts</b> (total questions 6.51	
	through 6.55 and question	\$478,454
	6.57)	

6.59	TOTAL OPERATING FUND RECEIPTS - Total Local Public Funds, Total State Aid, Total Federal Aid, Total Contracts, and Total Miscellaneous Receipts (total questions 6.4, 6.44, 6.48, 6.50, and 6.58)	\$1,859,877
6.60	BUDGET LOANS	\$0
TRANS	FERS	
6.61	Transfers from Capital Fund (Same as question 9.6)	\$0
6.62	Transfers from Other Funds	\$0
6.63	<b>Total Transfers</b> (total questions 6.61 and 6.62)	\$0
6.64	CASH BALANCE - Beginning of Current Fiscal Reporting Year: Public Library Systems - January 1, 2016; 3Rs - July 1, 2016. (Same as closing cash balance at the end of previous fiscal reporting year: Public Library Systems - December 31, 2015; 3Rs - June 30, 2016.)	\$790,951
6.67	GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS, AND BALANCE/ROLLOVER (Public Library Systems and 3Rs - total questions 6.59, 6.60, 6.63 and 6.64 - must agree with question 7.83) (School Library Systems - total questions 6.59, 6.65 and 6.66 - must agree with question 7.83.)	\$2,650,828
7. Oper	rating Fund Disburseme	nts

# 7. Operating Fund Disbursements STAFF EXPENDITURES Salaries

Sal	laries	
71		(

7.1	System Director and Librarians	\$324,774
7.2	Other Staff	\$86,771
7.3	Total Salary and Wages Expenditures (total questions 7.1 and 7.2)	\$411,545
7.4	Employee Benefits Expenditures	\$171,630
7.5	<b>Total Staff Expenditures</b> (total questions 7.3 and 7.4)	\$583,175
COLLE	CCTION EXPENDITURES	
7.6	Print Materials Expenditures	\$54,974

7.7	Electronic Materials	\$96,581
	Expenditures	
7.8	Other Materials Expenditures	\$2,670
7.9	<b>Total Collection</b> <b>Expenditures</b> (total questions 7.6 through 7.8)	\$154,225
GRAN	TS TO MEMBER LIBRARIE	S
Cash G	brants Paid From	
7.10	Local Library Services Aid (LLSA)	\$78,564
7.11	Central Library Aid (CLDA/CBA)	\$94,184
7.15	Other State Aid/Grants (e.g., Construction, Special Legislative or Member Grants)	\$119,629
7.16	Federal Aid	\$0
7.17	Other cash grants paid from system funds	\$11,632
7.18	Total Cash Grants (total questions 7.10 through 7.17)	\$304,009
7.19	Book/Library Materials Grants	\$6,667
7.20	Other Non-Cash Grants	\$2,436
7.21	<b>Total Grants to Member</b> <b>Libraries</b> (total questions 7.18 through 7.20)	\$313,112
CAPIT	TAL EXPENDITURES FROM	OPERATING FUNDS
7.22	Bookmobile	\$0
7.23	Other Vehicles	\$0
7.24	Computer Equipment	\$1,261
7.25	Furniture/Furnishings	\$0
7.26	Other Capital Expenditures	\$0
7.27	<b>Total Capital Expenditures</b> <b>from Operating Fund</b> (total questions 7.22 through 7.26)	\$1,261
ТОТА	L CAPITAL EXPENDITURE	S BY SOURCE OF FUNDS
7.28	From Local Public Funds (71PF)	\$0
7.29	From Other Funds (71OF)	\$1,261
7.30	<b>Total Capital Expenditures</b> <b>by Source</b> (total questions 7.28 and 7.29; same as question 7.27)	\$1,261
OPER	ATION AND MAINTENANC	E OF BUILDINGS
Renair	s To Buildings and Building Fau	inment by Source of Funds

Repairs To Buildings and Building Equipment by Source of Funds

7.31	From Local Public Funds	\$0
	(72PF)	<b>\$</b> 0

7.32 From Other Funds (72OF) \$10,069

7.33	<b>Total Repairs to Buildings</b> <b>and Building Equipment</b> (total questions 7.31 and 7.32)	\$10,069
7.34	Other Building & Maintenance Expenses	\$19,454
7.35	<b>Total Operation and</b> <b>Maintenance of Buildings</b> (total questions 7.33 and 7.34)	\$29,523
MISCEI	LLANEOUS EXPENSES	
7.36	Total Operation & Maintenance of Bookmobiles and Other Vehicles	\$2,123
7.37	Office and Library Supplies	\$1,471
7.38	Telecommunications	\$2,621
7.39	Binding Expenses	\$0
7.40	Postage and Freight	\$551
7.41	Publicity and Printing	\$0
7.42	Travel	\$6,474
7.43	Fees for Consultants and Professionals - Please include a State Note with the consultants' or vendors' names and a brief description of the service(s) provided.	\$33,172
7.44	Membership Dues - Please include a State Note listing Professional Organization Memberships for which dues are being paid.	\$5,341
7.46	Does the system have other miscellaneous expenses in categories not listed in questions 7.36 through 7.45? Enter Y for Yes, N for No.	Y
Complete	e one record for each expense c	ategory. If the

 $Complete \ one \ record \ for \ each \ expense \ category. \ If \ the \ system \ does \ not \ have \ other \ miscellaneous \ expenses, \ enter \ N/A \ on \ quest$ 

1.	Expense category	Annual Meeti
2.	Amount	\$2,402
1.	Expense category	Automation F
2.	Amount	\$76,500
1.	Expense category	Delivery Fee
2.	Amount	\$123,276
1.	Expense category	JA Equipment
2.	Amount	\$100,170
1.	Expense category	JA Fees - IL
2.	Amount	\$223,440
1.	Expense category	Member Libra
2.	Amount	\$318
1.	Expense category	Programs
2.	Amount	\$5,825
1.	Expense category	Rental, Main
2.	Amount	\$3,944

1.	Expense category	Software - C
2.	Amount	\$5,701
7.47	Total Other Miscellaneous Expenses (total question #2 of Repeating Group #13)	\$\$541,576
7.48	<b>Total Miscellaneous</b> <b>Expenses</b> (total questions 7.36 through 7.45 and 7.47)	\$593,329
CONTI	RACTS WITH LIBRARIES a	nd/or LIBRARY SYSTEMS IN NEW YORK STATE
7.49	Does the system contract with libraries and/or library systems in New York State? Enter Y for Yes, N for No.	Y
Comple	te one record for each contract.	If the system does not contract, enter N/A on questions 1, 2, and 3 of one repeating gro
1.	Contracting Agency (specify using the State note)	MVLS/SALS Joint Automation Project
2.	Contracted Service (specify using the State note)	Cataloging
3.	Total Contract Amount	\$7,326
1.	Contracting Agency (specify using the State note)	Southern Adirondack Library System
2.	Contracted Service (specify using the State note)	Cataloging
3.	Total Contract Amount	\$278
7.50	<b>Total Contracts</b> (total question #3 of Repeating Group #14 above)	\$7,604
DEBT S	SERVICE	
-	Purposes Loans (Principal and I	Interest)
7.51	From Local Public Funds (73PF)	\$0
7.52	From Other Funds (73OF)	\$0
7.53	<b>Total Capital Purposes</b> <b>Loans</b> (total questions 7.51 and 7.52)	\$0
7.54	Other Loans	\$0
7.55	<b>Total Debt Service</b> (total questions 7.53 and 7.54)	\$0
7.56	TOTAL TOTAL DISBURSEMENTS - Total Staff Expenditures, Total Collection Expenditures, Total Grants to Member Libraries, Total Capital Expenditures, Total Operation and Maintenance of Buildings, Total Miscellaneous Expenses, Total Contracts, and Total Debt Service (total questions 7.5, 7.9, 7.21, 7.27, 7.35, 7.48, 7.50, and 7.55)	

#### TRANSFERS

Transfers to the Capital Fund

7.57	From Local Public Funds (76PF)	\$0
7.58	From Other Funds (76OF)	\$0
7.59	<b>Total Transfers to Capital</b> <b>Fund</b> (total questions 7.57 and 7.58; same as question 8.2)	\$0
7.60	Total Transfers to Other Funds	\$0
7.61	<b>Total Transfers</b> (total questions 7.59 and 7.60)	\$0
7.62	<b>TOTAL</b> <b>DISBURSEMENTS AND</b> <b>TRANSFERS</b> (total questions 7.56 and 7.61)	\$1,682,229
7.63	CLOSING CASH BALANCE at the End of the Current Fiscal Reporting Year (For Public Library Systems - December 31, 2016) (For 3Rs - June 30, 2017)	\$968,599 5
7.83	GRAND TOTAL DISBURSEMENTS, TRANSFERS, & ENDING BALANCE (total questions	\$2,650,828

7.62 and 7.63)

#### FISCAL AUDIT

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

7.84	Last audit performed (mm/dd/yyyy)	08/11/2016
7.85	Time period covered by this audit (mm/dd/yyyy - mm/dd/yyyy)	01/01/2015-12/31/2015
7.86	Indicate type of audit (select one from drop-down):	Private Accounting Firm
ACCOU	UNT INFORMATION	
Complet	e one record for each financial	account
1.	Name of bank or financial institution	NBT Bank
2.	Amount of funds on deposit	\$968,570
7.87	<b>Total Bank Balance</b> (total question #2 of Repeating Group #15)	\$968,570
7.88	Does the system have a Capital Fund? Enter Y for Yes, N for No. If yes, please complete the Capital Fund Report. If no, stop here.	Ν

# 8. Capital Fund Receipts

- 8.1 **Total Revenue From Local** Sources \$0
- 8.2 **Transfer From Operating Fund** \$0 (same as question 7.59)

#### STATE AID FOR CAPITAL PROJECTS

8.3 State Aid Received for Construction \$0

#### ALL OTHER AID AND/OR GRANTS FOR CAPITAL PROJECTS

- 8.4 Does the system receive any other aid and/or grants for capital projects. Enter Y for Yes, N for No. If yes, complete one record for each award. If no, enter N/A on questions 1 and 2 of one repeating group.
- 1. Contracting Agency N/A
- 2. Amount N/A
- 8.5 **Total Aid and/or Grants** (total question #2 of \$0 Repeating Group #16 above)
- 8.6 TOTAL RECEIPTS -Revenues from Local Sources, Interfund Revenue, State Aid for Capital \$0 Projects, and Total Federal Aid (total questions 8.1, 8.2, 8.3, and 8.5)
- 8.7 NONREVENUE RECEIPTS \$0
- 8.8 **TOTAL RECEIPTS Total Receipts and Nonrevenue Receipts** (total questions 8.6 and 8.7) \$0
- 8.9 CASH BALANCE -Beginning of Current Fiscal Reporting Year: Public Library Systems - January 1, 2016; 3Rs - July 1, 2016. (Same as closing cash balance at the end of previous fiscal reporting year: Public Library Systems - December 31, 2015; 3Rs - June 30, 2016)
- 8.10 TOTAL RECEIPTS AND CASH BALANCE (total \$0 questions 8.8 and 8.9)

#### 9. Capital Fund Disbursements

#### **PROJECT EXPENDITURES**

9.1 Total Construction

\$0

- 9.2 Incidental Construction \$0
- 9.3 Books and Library Materials \$0
- 9.4 Total Other Disbursements \$0
- 9.5 **Total Project Expenditures** (total questions 9.1 through \$0 9.4)
- 9.6 **TRANSFER TO OPERATING FUND** \$0 (Same as question 6.61)
- 9.7 TOTAL NONPROJECT \$0 EXPENDITURES
- 9.8 TOTAL DISBURSEMENTS - Total Project Expenditures, Transfer to Operating \$0 Fund, and Total Nonproject Expenditures (total questions 9.5 through 9.7)
- 9.9 CLOSING CASH BALANCE IN CAPITAL FUND at the End of the Current Fiscal Year \$0 (December 31, 2016, for Public Library Systems; June 30, 2017, for 3Rs)
- 9.10 TOTAL DISBURSEMENTS AND CASH BALANCE (total questions 9.8 and 9.9) \$0

### 12. Projected Annual Budget For Library Systems

Public Library Systems Budget for January 1, 2017 - December 31, 2017

#### **PROJECTED OPERATING FUND - RECEIPTS**

12.1	Total Operating Fund Receipts (include Local Aid, State Aid, Federal Aid, Contracts and Miscellaneous Receipts)	\$1,686,042
12.2	Budget Loans	\$0
12.3	Total Transfers	\$0
12.4	Total Transfers\$0Cash Balance/Ending Balancein Operating Fund at the endof the previous fiscal year(For Public Library Systems,opening balance on January 1, \$968,5992017, must be the same as theDecember 31, 2016, closingbalance reported on Q7.63 ofthe 2016 annual report)	

12.5 Grand Total Operating Fund Receipts, Budget Loans, Transfers and Ending Balance \$2,654,641 (total questions 12.1 through 12.4)

#### **PROJECTED OPERATING FUND - DISBURSEMENTS**

\$0

\$0

- 12.6 Total Operating Fund Disbursements (include Staff Expenditures, Collection Expenditures, Grants to Member Libraries, Capital Expenditures from Operating Funds, Operation and Maintenance of Buildings, Miscellaneous Expenses, Contracts with Libraries and Library Systems in New York State and Debt Service)
- 12.7 Total Transfers
- 12.8 Cash Balance/Ending Balance in Operating Fund at the end of the fiscal year (For Public Library Systems, balance as of December 31, 2017)
  \$943,593
- 12.9 Grand Total Operating Fund Disbursements, Transfers and Ending Balance (total questions 12.6 through 12.8) \$2,654,641

#### **PROJECTED CAPITAL FUND - RECEIPTS**

- 12.10 Capital Fund Receipts (include Revenues from Local Sources, Transfer from Operating Fund, State Aid for Capital Projects and All Other Aid for Capital Projects)
- 12.11 Nonrevenue Receipts
- 12.12 Cash Balance in Capital Fund at the end of the previous fiscal year (For Public Library Systems, opening balance on January 1, \$0 2017, must be the same as the December 31, 2016, closing balance reported on Q9.9 of the 2016 annual report)
- 12.13 Grand Total Capital Fund Receipts and Balance (total questions 12.10 through 12.12) \$0

#### **PROJECTED CAPITAL FUND - DISBURSEMENTS**

12.14 Capital Fund Disbursements (include Project Expenditures, \$0 Transfer to Operating Fund and Nonproject Expenditures

- 12.15 Cash Balance in Capital Fund at the end of the current fiscal year \$0 (For Public Library Systems, December 31, 2017)
- 12.16 Grand Total Capital Fund Disbursement, Transfers, and Balance (Sum of questions 12.14 and 12.15)
   \$0

#### 13. State Formula Aid Disbursements

Public Library Systems Basic Aid

PUBLIC LIBRARY SYSTEMS BASIC AID, SUPPLEMENTAL AID and either LOCAL LIBRARY SERVICES AID : (Brooklyn, New York Public and Queens Borough only)

Refe	utory rence ic Aid):	c, d,	cation Law § 272, e, n) missioners Regula
	utory rence SA):	Com and The of a servi \$1,5	cation Law § 272, missioners Regula 90.9 formula is \$0.31 p member library's c aces area with a mi 00 per library with ty to 1991 LLIA.
	utory rence SA):	273( Com and The for s outsi areas	cation Law § 272, 1)(f)(6) unissioners Regula 90.10 formula is \$0.31 p ystem population 1 ide the chartered so s of member librar nembers LLSA.
	utory rence SA):		Education Law § 273(1)(f)(7) Commissioners R 90.3 The formula is \$0 capita plus 2/3 of total with formula 1991 LLIA.
Refe	utory rence plement	al):	Education Law § The formula is a l of \$39,000 and ar equal to 10.94% c amount of Basic 4 provided under E4 Law § 273(1)(a, c n).

<b>BECPL Special</b>	Education Law §
Aid:	Annual sum of \$5
	a continuity of se
	project. (Included
	Aid Payment)

BrooklynEducation Law § 273(Special Aid:Annual sum of \$350,0business library. (Inch<br/>Basic Aid Payment)

Nassau Special Education Law § 273( Aid:

13.1.1-13.1.2 Professional Salaries: Indicate total FTE and salaries for all professional system employees.

- 13.1.1 Total Full-Time Equivalents 3 (FTE)
- 13.1.2 Total Expenditure for Professional Salaries \$250,801
- 13.1.3-13.1.4 Other Staff Salaries: Indicate total FTE and salaries for all other system employees.
- 13.1.3 Total Full-Time Equivalents 2.1 (FTE)
- 13.1.4 Total Expenditure for Other Staff Salaries \$86,771
- 13.1.5 Employees Benefits: Indicate the total expenditures for all system employee fringe benefits.
   \$169,702
- 13.1.6 **Purchased Services:** Did the system expend funds for purchased services? Y Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1, 2 and 3 of one repeating group.

1.	Expenditure Category	Delivery/courier
2.	Provider of Services	ALDS
3.	Expenditure	\$123,276
1.	Expenditure Category	Library systems vendor contract for automation (e.g, integrated library system, virtual catalog)
2.	Provider of Services	MVLS SALS JA
3.	Expenditure	\$84,104
1.	Expenditure Category	Building and maintenance expenses
2.	Provider of Services	Various
3.	Expenditure	\$29,337
1.	Expenditure Category	Institutional membership dues

2.	Provider of Services	Various
2. 3.	Expenditure	\$7,777
1.	Expenditure Category	Telecommunications
2.	Provider of Services	Various
3.	Expenditure	\$2,621
1.	Expenditure Category	Consultant fees/professional fees
2.	Provider of Services	D2 Media
3.	Expenditure	\$5,500
1	Evenenditure Catagory	Consultant foos/professional foos
1. 2.	Expenditure Category Provider of Services	Consultant fees/professional fees TM Byxbee
2. 3.	Expenditure	\$8,250
5.	Experientere	ψ0 <b>,</b> 250
1.	Expenditure Category	Consultant fees/professional fees
2.	Provider of Services	Proknowledge
3.	Expenditure	\$1,000
1.	Expenditure Category	Consultant fees/professional fees
2.	Provider of Services	Kathryn McCary
3.	Expenditure	\$3,337
1.	Expenditure Category	Consultant fees/professional fees
1. 2.	Provider of Services	ADP
2. 3.	Expenditure	\$1,729
5.	Experiance	¢1,,
1.	Expenditure Category	Consultant fees/professional fees
2.	Provider of Services	EOS Technologies
3.	Expenditure	\$3,945
1.	Expenditure Category	Consultant fees/professional fees
2.	Provider of Services	Riverstone Manor
3.	Expenditure	\$2,402
13.1.7	Total Frence ditana	
13.1.7	Total Expenditure - Purchased Services	\$273,278
13.1.8	Supplies and Materials: Did	
	the system expend funds for	
	supply items, postage, library materials, or equipment and	Y
	furnishings with a unit cost	*
	less than \$5,000? Enter Y for	
	Yes, N for No.	

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1 and 2 of one repeating group.

1. Expenditure Category Office/library supplies and postage

2.	Expenditure	\$22,452	
1.	Expenditure Category	Books and other print materials	
2.	Expenditure	\$19,778	
13.1.9	Total Expenditure - Supplies and Materials	\$42,230	
13.1.10	<b>Travel Expenditures:</b> Did the system expend funds for travel? Enter Y for Yes, N for No.	Υ	
If yes, co	omplete one record for each app	blicable category; if no enter N/A for questions 1 and 2 of one repeating group.	
1.	Type of Travel	System Staff Travel	
2.	Expenditure	\$6,474	
13.1.11	Total Expenditures - Travel	\$6,474	
	Equipment and Furnishings: Did the system expend funds for equipment and furnishings with a unit cost of \$5,000 or more and having a useful life of more than one year. Enter Y for Yes, N for No.	Ν	
If yes, co	omplete one record for each app	blicable category; if no enter N/A for questions 1, 2, 3, and 4 of one repeating group.	
1.	Type of Item	N/A	
2.	Quantity	N/A	
3.	Unit Cost	N/A	
4.	Expenditure	N/A	
13.1.13	Total Expenditure - Equipment and Furnishings	\$0	
13.1.14	<b>Local Library Services Aid</b> <b>Expenditures:</b> Indicate the total expenditures to member libraries for Local Library Services Aid.	\$75,564	
13.1.15	<b>Grants to Member</b> <b>Libraries:</b> Did the system expend funds for grants to member libraries? Enter Y for Yes, N for no.	Y	
If yes, co	If yes, complete one record for each grant; if no, enter N/A for questions 1, 2, and 3 of one repeating group.		
1.	Recipient	Member Libraries	
2.	Allocation	\$752	
3.	Project Description (no more than 300 words)	Travel grants	
1.	Recipient	Amsterdam Free Library	
2.	Allocation	\$500	

- 3. Project Description (no more than 300 words) Annual Library Award
- 1. Recipient Northville Library
- 2. Allocation \$200
- 3. Project Description (no more than 300 words) Trustees Award
- 13.1.16 Total Expenditures Grants for Member Libraries \$1,452
- 13.1.17 Total Expenditure (total 13.1.2, 13.1.4, 13.1.5, 13.1.7, 13.1.9, 13.1.11, 13.1.13, 13.1.14, and 13.1.16)
- 13.1.18 Cash Balance at the Opening of the Fiscal Year NOTE: The opening balance must be the same as the closing balance of the previous year.
   \$106,618
- 13.1.19 **Total Allocation from 2016 -** \$976,061 2017 State Aid:
- 13.1.20 Cash Balance at the End of the Current Fiscal Year \$176,407

13.1.21 **Final Narrative:** Provide a brief narrative, no more than fifteen hundred (1500) words, Basic system aid pays staff expenses, delivery ILS and other overhead expenses that a describing the major activities the system to provide consultative and continuing ed services to the member libraries. carried out with these State Aid Funds.

**Central Book Aid** 

# CENTRAL BOOK AID (CB

Statutory Education Law § 272, 273(1)(b) Reference: Commissioners Regulations 90. Central Book Aid is a flat sum ( each public library system. Plea Library Program Guidelines at <u>http://www.nysl.nysed.gov/libde</u> for more information. Include in this category library e CBA library materials. CBA fun expended for adult non-fiction a language library materials, inclu content.

Yes must be answered at least once in Questi

13.2.1 **Purchased Services:** Did the library system expend CBA funds for purchased services Y for CBA library materials? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl

#### requirements.

1.

List services purchased with CBA funds in separate repeating groups, itemizing by vendor contract. If yes, complete one record

1. Expenditure Category Commercial electronic content vendor contracts

- 2. Provider of Services Overdrive
- 3. Expenditure \$15,000
- 1. Expenditure Category Commercial electronic content vendor contracts
- 2. Provider of Services One Click Digital
- 3. Expenditure \$9,600
- 13.2.2 Total Expenditure Purchased \$24,600 Services

#### 13.2.3 Supplies and Materials: Did the library system expend CBA funds for adult non-fiction and foreign language library materials with a unit cost less than \$5,000? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1, 2, 3, and 4 of one repeating group.

Expenditure Category Adult non-fiction and foreign language library materials - print

2.	Quantity	2,262
3.	Unit Cost	\$18
4.	Expenditure	\$40,715

13.2.4 Total Expenditure - Supplies \$40,715 and Materials

#### 13.2.5 Grants to Central/Co-Central Libraries: Did the system expend funds for grants to central/co-central libraries? Enter Y for Yes, N for No.

If yes, complete one record for each grant; if no, enter N/A for questions 1,2, and 3 of one repeating group.

- 1. Recipient N/A
- 2. Allocation N/A
- 3. Project Description (no more than 300 words)
- 13.2.6 Total Expenditure Grants to Central/Co-Central Libraries \$0
- 13.2.7Total Expenditure (total<br/>13.2.2, 13.2.4, and 13.2.6)\$65,315

13.2.8	Cash Balance at the Opening of the Current Fiscal Year NOTE: The opening balance must be the same as the closing balance of the previous year.	\$62,712
13.2.9	Total Allocation from 2016 - 2017 State Aid	\$66,900
13.2.10	Cash Balance at the End of the Current Fiscal Year	\$64,297
13.2.11	<b>Final Narrative</b> : Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.	Central Book Aid is used for electronic materials access fees that benefit the entire sys (Overdrive and Zinio) and adult nonfiction print available through the central library.

#### **Central Library Development Aid**

#### CENTRAL LIBRARY DEVELOPMEN

Statutory Education Law § 272, 273(1)(b) Reference: Commissioners Regulations 90. The formula is \$0.32 per capita whichever is greater. Please see Library Program Guidelines at <u>http://www.nysl.nysed.gov/libde</u> for more information. Note: CLDA funds which are ep library materials must be used for non-fiction and foreign language electronic content.

13.3.1-13.3.2 Professional Salaries: Indicate total FTE and salaries for all professional system employees (paid from CLDA f

- 13.3.1 Total Full-Time Equivalents N/A (FTE)
- 13.3.2 Total Expenditure for Professional Salaries N/A

13.3.3-13.3.4 Other Staff Salaries: Indicate total FTE and salaries for all other system employees (paid from CLDA funds).

- 13.3.3 Total Full-Time Equivalents N/A (FTE)
- 13.3.4 Total Expenditures for Other N/A Staff Salaries
- 13.3.5 **Employee Benefits:** Indicate the total expenditures for all system employee benefits (paid from CLDA funds).
- 13.3.6 **Purchased Services**: Did the system expend funds for purchased services? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

- 1. Expenditure Category N/A
- 2. Provider of Services N/A

N/A

- 3. Expenditure
- 13.3.7 Total Expenditure Purchased \$0 Services
- 13.3.8 Supplies and Materials: Did the system expend funds for supply items, postage, adult nonfiction and foreign language library materials, or N equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1 and 2 of one repeating group.

- 1. Expenditure Category N/A
- 2. Expenditure N/A
- 13.3.9 **Total Expenditure -**Supplies and Materials \$0
- 13.3.10 **Travel Expenditures:** Did the system expend funds for travel? Enter Y for Yes, N for No.

If yes, complete one record for each type of travel; if no, enter N/A for questions 1 and 2 of one repeating group.

- 1. Type of travel N/A
- 2. Expenditure N/A

## 13.3.11 Total Expenditures - Travel \$0

## 13.3.12 Equipment and

**Furnishings:** Did the system expend funds for equipment and furnishings with a unit cost of \$5,000 or more and having a useful life of more than one year. Enter Y for Yes, N for No.

If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1, 2, 3 and 4 of one repeating group

- 1. Type of item N/A
- 2. Quantity N/A
- 3. Unit cost N/A
- 4. Expenditure N/A

## 13.3.13 **Total Expenditure -**Equipment and Furnishings \$0

13.3.14	<b>Grants to</b> <b>Central/Co-Central</b> <b>Libraries</b> : Did the system expend funds for grants to central/co-central libraries? Enter Y for Yes, N for No.	Υ
If yes, co	omplete one record for each gra	nt; if no, enter N/A for questions 1, 2, and 3 of one repeating group.
1.	Recipient	Schenectady County Public Library
2.	Allocation	\$94,184
3.	Project Description (no more than 300 words)	The Schenectady County Public Library receives the CLDA grant according to proced developed by the Central Library Advisory Committee and approved by the system an member library boards of trustees. Activities include all central library services, contin- education and design consultations for member libraries.
13.3.15	Total Expenditure - Grants to Central/Co-Central Libraries	\$94,184
13.3.16	Total Expenditure (total 13.3.2, 13.3.4, 13.3.5, 13.3.7, 13.3.9, 13.3.11, 13.3.13, and 13.3.15)	\$94,184
13.3.17	<b>Cash Balance at the</b> <b>Opening of the Fiscal Year</b> NOTE: The opening balance must be the same as the closing balance of the previous year.	\$94,182
13.3.18	Total Allocation from 2016 - 2017 State Aid:	\$98,245
13.3.19	Cash Balance at the end of the Current Fiscal Year	\$98,243
	carried out with these State Aid Funds.	The Schenectady County Public Library receives the CLDA grant according to proced developed by the Central Library Advisory Committee and approved by the system an member library boards of trustees. Activities include all central library services, contined action and design consultations for member libraries.
Coordinated Outreach Library Services Aid		

## COORDINATED OUTREACH LIBRARY

Statutory	Education Law §
<b>Reference:</b>	Commissioners F
	90.3

13.4.1-13.4.2 Professional Salaries: Indicate total FTE and salaries for all professional system employees.

- 13.4.1 Total Full-Time Equivalents (FTE) 1
- 13.4.2 Total Expenditure for Professional Salaries \$73,973
- 13.4.3-13.4.4 Other Staff Salaries: Indicate total FTE and salaries for all other system employees.
- 13.4.3 Total Full-Time Equivalents N/A (FTE)
- 13.4.4 Total Expenditure for Other N/A Staff Salaries

- 13.4.5 **Employee Benefits:** Indicate the total expenditures for all \$1,928 system employee benefits.
- 13.4.6 **Purchased Services:** Did the system expend funds for purchased services? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each allowable expenditure; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

- Expenditure Category N/A
   Provider of Services N/A
- 3. Expenditure N/A
- 13.4.7 **Total Expenditure -Purchased Services** \$0
- 13.4.8 Supplies and Materials: Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1 and 2 of one repeating group.

1.	Expenditure Category	N/A

- 2. Expenditure N/A
- 13.4.9 Total Expenditure Supplies \$0 and Materials
- 13.4.10 **Travel Expenditures:** Did the system expend funds for travel? Enter Y for Yes, N for No. Indicate the total N expenditures for system employee travel only in this category.

If yes, complete one record for each type of travel; if no, enter N/A for questions 1 and 2.

- 1. Type of Travel N/A
- 2. Expenditure N/A

## 13.4.11 Total Expenditure - Travel \$0

#### 13.4.12 Equipment and

**Furnishings:** Did the system expend funds for equipment and furnishings with a unit cost of \$5,000 or more and having a useful life of more than one year. Enter Y for Yes, N for No. If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1, 2, 3, and 4 of one repeating group

1.	Type of item	N/A
2.	Quantity	N/A
3.	Unit Cost	N/A

4. Expenditure N/A

### 13.4.13 **Total Expenditure -**Equipment and Furnishings \$0

13.4.14 Did the system expend funds on grants to member libraries? Enter Y for Yes, N for No.

If yes, complete one record for each grant; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

**N**T / A

- 1. Recipient N/A
- 2. Allocation N/A
- 3. Description of Project
- 13.4.15 Total Expenditure Grants to Member Libraries \$0
- 13.4.16 Total Expenditure (total 13.4.2, 13.4.4, 13.4.5, 13.4.7, 13.4.9, 13.4.11, 13.4.13, and 13.4.15) \$75,901
- 13.4.17 Cash Balance at the Opening of the Fiscal Year NOTE: The opening balance must be the same as the closing balance of the previous year.
- 13.4.18 **Total Allocation from 2016 -** \$75,901 2017 State Aid:
- 13.4.19 Cash Balance at the End of the Current Fiscal Year \$0

13.4.20 Final Narrative: Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.
The salary and benefits for the Outreach Coordinator exceeds the annual Outreach Aic Outreach Coordinator is very active in the system, working with a variety of social ser agencies.

Services to County Jails Aid

#### SERVICE TO COUNTY JAILS (INTERINS]

#### Statutory Reference: Education Lav

The intent of the Services to County Jails Program is to provide basic reading materials for those individuals who are incarcera magazine / newspaper subscriptions which are acceptable to the institution (Supplies & Materials), as well as programs such as Services).

13.5.1 **Purchased Services:** Did the system expend funds for purchased services? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl

#### requirements.

If yes, complete one record for each allowable expenditure; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

- 1. Expenditure Category N/A
- 2. Provider of Services N/A
- 3. Expenditure N/A
- 13.5.2 **Total Expenditure -Purchased Services** \$0
- 13.5.3 Supplies and Materials: Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1 and 2 of one repeating group.

- 1. Expenditure Category Books and other print materials
- 2. Expenditure \$6,195
- 13.5.4Total Expenditure -<br/>Supplies and Materials\$6,19513.5.5Total Expenditure (total<br/>12.5.4)\$6,195
- 13.5.2, and 13.5.4)
- 13.5.6 Cash Balance at the Opening of the Fiscal Year: NOTE: The opening balance must be the same as the closing balance from the previous year.
- 13.5.7 **Total Allocation from 2016 -** \$3,962 2017 State Aid
- 13.5.8 Cash Balance at the End of the Current Fiscal Year \$1,229

13.5.9 Final Narrative:Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.
 Books and magazines are provided to the Fulton, Montgomery and Schenectady count

**State Correctional Aid** 

# THE FOLLOWING QUESTIONS ARE FOR SYSTEMS WITH STA

## STATE CORRECTIONAL FACILI

Statutory Education Law § 285 (1) Reference: Commissioners Regulations 90. The amount provided in Educati per inmate. Please see the State Program Guidelines at www.nysl.nysed.gov/libdev/outh for more information.

- 13.6.1-13.6.2 **Professional Salaries:** Indicate total FTE and salaries for all system professional employees.
- 13.6.1 Total Full-Time Equivalents N/A (FTE)
- 13.6.2 Total Expenditure for Professional Salaries N/A
- 13.6.3-13.6.4 Other Staff Salaries: Indicate total FTE and salaries for all other system employees.
- 13.6.3 Total Full-Time Equivalents N/A (FTE)
- 13.6.4 Total Expenditure for Other N/A Staff Salaries
- 13.6.5 **Employee Benefits:** Indicate the total expenditures for all N/A system employee benefits.
- 13.6.6 **Purchased Services:** Does the system expend funds for purchased services? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl requirements.

If yes, complete one record for each applicable category; if no, enter N/A for questions 1, 2 and 3 of one repeating group.

- Expenditure Category
   Provider of Services
   Consultant fees/professional fees
   Suzanna Risley
- 3. Expenditure \$3,635

1.	Expenditure Category	Delivery/courier
2.	Provider of Services	Johnstown Public Library
3.	Expenditure	\$1,084

# 13.6.7Total Expenditure -<br/>Purchased Services\$4,719

#### 13.6.8 Supplies and Materials: Did the system expend funds for supply items, postage, library materials, or equipment and Y furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Otl

#### requirements.

If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1 and 2 of one repeating group.

1. Expenditure Category Office/library supplies and postage

- 2. Expenditure \$35
- Expenditure Category
   Expenditure
   Books and other print materials
   \$6,289
- 13.6.9Total Expenditure -<br/>Supplies and Materials\$6,324
- 13.6.10 **Travel Expenditures:** Did the system expend funds for travel? Enter Y for Yes, N for No.

If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1 and 2 of one repeating group.

- 1. Type of Travel Other
- 2. Expenditure \$449

# 13.6.11 Total Expenditure - Travel \$449

# 13.6.12 Equipment and

**Furnishings:** Did the system expend funds for equipment and furnishings with a unit cost of \$5,000 or more and having a useful life of more than one year. Enter Y for Yes, N for No.

If yes, complete one record for each type of item purchased; if no, enter N/A for questions 1, 2, 3, and 4 of one repeating group

- 1. Type of item N/A
- Quantity
   Unit Cost
   N/A
- 3.Unit CostN/A4.ExpenditureN/A
- 13.6.13 **Total Expenditure -**Equipment and Furnishings \$0
- 13.6.14 Total Expenditure (total 13.6.2, 13.6.4, 13.6.5, 13.6.7, \$11,492 13.6.9, 13.6.11, and 13.6.13)
- 13.6.15 Cash Balance at the Opening of the Fiscal Year: NOTE: The opening balance must be the same as the closing balance of the previous year.
- 13.6.16 **Total Allocation from 2016 -** \$6,284 **2017 State Aid:**
- 13.6.17 Cash Balance at the End of the Fiscal Year: Final Narrative:

13.6.18 Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds

# 14. Summary of Library System Accomplishments

Using the goals from Section 4 in the approved 2012-2016 System Plan of Service, BRIEFLY describe the final results of eac

14.1	Element 1: Resource Sharing - Results	E-books, e-audio, CD audio and DVDs are purchased and shared among the member libraries. Rotating collections are maintained by the system for the members including Print, graphic novels, children's and teen titles, and holiday books. Full service ILS maintained and used by all members Technology service including computer support a network maintained for all locations Delivery made to every open location, Monday - facilitated within the system and with outside agencies
14.2	Element 2: Special Client Groups - Results	Facilitated Adult Literacy Projects at 1 member library Coordinate with social service agencies in four counties Work with 3 county jails and the Hale Creek correctional Fac Coordinate the Summer Reading program for member libraries Helped members with literacy services and Picture Book City. Coordinated Science @ Your Library program member libraries
14.3	Element 3: Professional Development and Continuing Education - Results	All member libraries have staff participate in CE programs/workshops Assist member staff with attending the annual NYLA conference and other CE opportunities
14.5	Element 5: Consulting and Development Services - Results	Member libraries assisted with a wide variety of governance, management and library operations. Assist member libraries with the state annual report. Computers and other technology purchases done in bulk for all members
14.6	Element 6: Coordinated Services - Results	Coordinate orders for supplies acquired for members. System provides computer disc maintenance and die-cuts to members. Supplies - paper, CD cases etc purchased in t
14.7	Element 7: Awareness and Advocacy - Results	System coordinates member participation in statewide advocacy efforts. System works all libraries and assisted 4 libraries on local funding issues Developed grant program to assist members with advocacy
14.8	Element 8: Communication among Member Libraries and/or Branch Libraries - Results	System coordinates Directors' Council meetings. System coordinates group discussion among members on variety of topics including collection development, purchasing & processing, circulation etc. and/or policies and children's services. Maintain system ble Facebook pages to share information
14.9	Element 9: Cooperative Efforts with Other Library Systems - Results	MVLS and SALS maintain a shared ILS and computer services, benefiting all member libraries Work regularly with UHLS and CDLC on resource sharing and youth service
14.10	Element 10: Construction - Results	Four member libraries assisted with new construction applications. Five ongoing proje were assisted with SHPO, bidding and other issues
14.11	Element 11: Central Library - Results	Central Library Advisory Committee meets several times to set parameters for spendir CBA and CLDA Reporting mechanism developed to track CBA purchases New CLD <sub>4</sub> grant process developed. Central Library holds system workshop.
14.12	Element 12: Direct Access - Results	System worked with residents in the un-served area of Broadalbin to explore the forma of a new library All but 7% or system population is served by a member library throug charter or contract.
14.13	Element 13: Other Goal(s) - Results	The Foundation for Mohawk Valley Libraries raised funding for libraries with grants awarded for advocacy, technology and programs. NYSCA grant provides adult book discussion programs at member libraries. Other grants for assisting libraries with adult programming are explored.

15.1	System Home Page URL	www.mvls.info
15.2	URL of Current List of Members	www.mvls.info/members
15.3	URL of Current Governing Bylaws	http://www.mvls.info/wp-content/uploads/2015/04/MVLS-BYLAWS-Rev-10-15-2015
15.4	URL of Evaluation Form	http://www.mvls.info/wp-content/uploads/2016/04/Survey-2016-final.pdf
15.5	URL of Evaluation Results	http://www.mvls.info/wp-content/uploads/2016/04/Preliminary-Survey-Summary.pdf
15.6	URL of Central Library Plan	http://www.mvls.info/wp-content/uploads/2016/12/MVLS-CLDA-Plan-2017.pdf
15.7	URL of Direct Access Plan	http://www.mvls.info/wp-content/uploads/2016/12/MVLS-2017-Free-Direct-Access-F

# **16. Assurance and Contact Information** CONTACT INFORMATION

16.1	Contact name (person completing report)	Eric Trahan/Joe Sherry
16.2	Contact telephone number (enter 10 digits only and hit the Tab key)	(518) 355-2010
16.3	Contact e-mail address	mvls@mvls.info

## ASSURANCE

16.4 The Library System operated under its approved Plan of Service in accordance with the provisions of Education Law and the Regulations of the Commissioner, and assures that this "Annual Report" and "Projected Annual Budget" were reviewed and accepted by the System Board/Council on (date - mm/dd/yyyy).

**APPROVAL** (for New York State Library use only/not a required field)

16.5 The Library System's Annual Report and Projected Annual Budget were reviewed and approved by the New York State Library on (date mm/dd/yyyy).

# **Suggested Improvements**

Library System Name of Person Completing Form Phone Number and Extension (enter area code, telephone number and extension only): Please share with us your suggestions for improving the

Annual Report. Thank You!