

The Department of Libraries is providing this worksheet because you can't save and return to the online Needs Assessment form. You must complete it in one session. Please use this worksheet to gather all your answers ahead of time so you can complete the online form at once.

Also note that you must click on the "Submit" button at the end of the review page, to fully submit the form.

Needs Assessment Link: [https://appengine.egov.com/apps/vt/capital\\_projects\\_assessment](https://appengine.egov.com/apps/vt/capital_projects_assessment)

**Form Content**

**DISCLAIMER:** This is a Needs Assessment about your library's anticipated capital projects. If your library is planning on applying for the [Federal Capital Project Grants](#) administered by the Vermont Department of Libraries (VTLIB), we highly recommend completion of this needs assessment. **This Needs Assessment is not a grant application.** Completing this Needs Assessment does not guarantee that the projects you have identified and described will be awarded federal grant funds by the Vermont Department of Libraries. The data you provide in this Needs Assessment will be used by the Department of Libraries to gauge interest and readiness in applying for VTLIB's Federal Capital Project Grants and may be used to determine your project's eligibility to apply for these funds. Thank you.

Note: you can't save a draft of this form. You must submit it all in one session.

| Questions   | Answer Choices                           |
|---|--|
| <b>Library Information</b>  |  |
| Library Name:   | Dropdown pre-populated with library name |
| Is this the official name of your library?                              | Dropdown: Yes or No                      |
| If no, please provide the official name:                                | Text box                                 |
| Library Director's Full Name:   | Text box                                 |
| Library Director's Email:   | Text box                                 |
| Library Alternate Email:  | Text box                                 |
| Library telephone number:   | Text box                                 |
| Library physical address, City, State, ZIP code:                        | Text box                                 |
| Library mailing address, (Street and/or PO Box), City, State, ZIP code: | Text box                                 |
| Library's web address (URL):  | Text box                                 |

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| Is your library incorporated or municipal?   | Dropdown:<br>Incorporated or<br>Municipal  |
| If municipal, what is the name of the municipality?  | Text box   |
| Is your library a part of another, larger governing organization?  | Dropdown: Yes,<br>No, Not sure   |
| If yes, what is the name that larger organization?   | Text box   |
| Who has the authority to sign grant documentation on behalf of your library?   | Dropdown:<br>Library Director,<br>Board Chair,<br>Trustee, Clerk of<br>Municipality,<br>Treasurer of<br>Municipality,<br>Other |
| If the individual with the authority to sign grant documents is not the Library Director, provide full contact info for the authorized individual including their name, physical address, telephone number, and email address.   | Text box   |
| <b>Tax/Subrecipient Award Information</b>  |  |
| What is your Federal Tax ID/EIN Form W-9. Note: If municipal library this must be municipality's Federal Tax ID/EIN. If your library is part of a larger system, institution, association, cooperative, or federation, you must provide the Federal TAX ID/EIN of the larger organization. | Text box   |
| What is your Federal Unique Entity Identifier (UEI). Note: If municipal library this must be municipality's UEI. If your library is part of a regional/local cooperative, or federation, you must provide the UEI of the larger organization.  | Text box   |
| What is the registered name associated with this UEI on SAM.gov?   | Text box   |
| What is the status of this UEI registration?   | Dropdown: Active<br>(Full registration),<br>ID Assigned,<br>Inactive, Don't<br>know  |
| What is the expiration date of this UEI registration?  | MM/DD/YYYY   |
| What month does your library's fiscal year begin?  | Dropdown:<br>January to<br>December  |
| <b>Library Operations</b>  |  |

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| How many total hours each week is your library open to the public?  | Text box  |
| How many hours each week are you open to the public on weekdays after 5pm?  | Text box  |
| How many hours per week are you open on the weekend?  | Text box  |
| What days are you open to the public. Please indicate.  | Check boxes with days of the week   |
| How many weeks is your library open to the public each year?  | Text box  |
| Does your public library currently provide in-house use of the internet and public computing resources to all members of the public free of charge?           | Drop-down: Yes or No  |
| <b>Library Building Ownership &amp; Management</b>  |   |
| Who owns the library building?  | Drop-down: Municipality; Library Incorporation; Landlord; Not sure; Other |
| If the library building is municipally owned, provide the name, street address, city, state, ZIP code of the municipality's offices                           | Text box  |
| If the library building is owned by the library incorporation, provide the name, state name, street address, city, state, ZIP code of the incorporation       | Text box  |
| If other, please explain and provide name, state name, street address, city, state, ZIP code  | Text box  |
| Does your library lease the library building or space?  | Drop-down: Yes, No, Not sure  |
| If yes, provide full contact information of owner of the building including their name, street address, city, state, ZIP, telephone number and email address. | Text box  |
| What is the end date of the lease?  | Text box  |
| Is the library the only tenant in a standalone building ?   | Drop-down: Yes, sole tenant, No, multiple tenants, Other                  |
| If no or other, please provide a brief description of the lease arrangement including number of tenants of the building                                       | Text box  |
| If other, please explain and provide the name, state name, street address, city, state, ZIP code of the building owner  | Text box  |
| Is your library building a designated historic landmark?  | Drop-down: Yes, No, Not sure  |
| Are there any known environmental factors, restrictions, or requirements associated with the interior or exterior construction or renovation of the library?  | Drop-down: Yes or No or Not sure  |
| If yes or not sure, please describe.  | Text box  |

| <b>Library's Current Construction Projects</b>  |                                     |
|---|-------------------------------------|
| Is your library building currently undergoing any construction or renovations?  | Drop-down: Yes or No                |
| What is the nature of the current construction/renovations? Please provide details of the projects.   | Text box                            |
| If yes, is this interior or exterior work?  | Drop-down: Interior, Exterior, Both |
| Is this work part of a multi-phase construction plan?   | Drop-down: Yes or No                |
| If yes, please describe the phase you're currently in.  | Text box                            |
| If yes, please describe the construction that is in-progress including the start date and expected completion dates of any work.  | Text box                            |
| If yes, is a new phase of construction expected to begin soon?  | Text box                            |
| If yes, what is the anticipated start and end date of that next phase of construction?  | Text box                            |
| Did you receive grant funding for this project from the State of Vermont?   | Drop-down: Yes or No                |
| If yes, please describe grant sources and amounts.  | Text box                            |
| Did you receive grant funding for this project from the federal government?   | Drop-down: Yes or No                |
| If yes, please describe grant sources and amounts.  | Text box                            |
| Did you receive funding from other sources (not State or federal) for this project?   | Drop-down: Yes or No                |
| If yes, please describe grant sources and amounts.  | Text box                            |
| <b>Description of Proposed Capitol Project and Planning Process</b>   |                                     |
| Briefly describe the proposed capital improvement project at your library to which you are likely to apply for federal Capital Project Funds administered by the Department of Libraries.   | Text box                            |
| Will the proposed construction project improve public access to the internet for purposes including work, education, and health monitoring such as offering digital skills programs and support for community members engaging in digital learning?   | Drop-down: Yes or No                |
| If yes, briefly describe how the project will support this goal.  | Text box                            |
| Will the proposed construction project address repair and mitigation needs at a building that is located in a rural location? Note: Rural public libraries are those with a physical address outside of an urbanized area (population of more than 50,000), outside an urban cluster (with a population of more than 5,000), and in a municipality with fewer than 2,000 housing units. | Drop-down: Yes or No                |
| If yes, briefly describe how the project will support this goal.  | Text box                            |
| Will the proposed construction project address the needs of a community in an economically depressed area?  | Drop-down: Yes or No                |
| If yes, briefly describe the needs of the community served in the economically depressed area.  | Text box                            |

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| Do you have a clear project scope of work?   | Drop-down: Yes or No                               |
| Do you have architectural drawings for the project?  | Drop-down: Yes or No                               |
| Has your library's governing body approved the project?  | Text box   |
| Do you have a finalized Request for Proposal (RFP) for your project?   | Drop-down: Yes or No                               |
| Have you publicly posted an RFP for the project?   | Drop-down: Yes or No                               |
| If yes, have you awarded the contract?   | Drop-Down: Yes or No                               |
| Do you have cost estimates for the project?  | Drop-Down: Yes or No                               |
| How much do you anticipate it will cost to complete the capital project?   | Text box   |
| Have you engaged with Historic Preservation experts, if relevant? Please explain.  | Text box   |
| Have you engaged with ADA consultants? Please explain.   | Text box   |
| Has your library or friends group already secured any funding for this construction/renovation project?  | Drop-down: Yes or No                               |
| If yes, how much money have you raised toward this construction/renovation project?  | Text box   |
| What additional funding does your library aim to raise to support this construction/renovation project?  | Text box   |
| Has your library received a funding allocation from one or more municipalities to support this construction/renovation project?  | Drop-down: Yes or No                               |
| If yes, please list municipality funding support for this construction/renovation project and amount of funding secured.   | Text box   |
| Does your library plan to request funding from one or more municipalities to support this construction/renovation project in the future?   | Drop-down: Yes or No                               |
| If yes, please list municipal funding support to be requested for this construction/renovation project, the amount of funding being requested, and which budget year the request will be made. | Text box   |
| What is the mechanism of your request from municipality(is)?   | Drop-down: Bond Measure, Town Appropriation, other |
| Has your library already raised money from private sources to support this construction/renovation project? (Private donations, fund drive, etc.)  | Drop-down: Yes or No                               |
| What grant funding do you anticipate requesting from the Department of Libraries to support the completion of your project?  | Text box   |
| If you are a municipal library or your library is in a municipal building, have you presented your project to the municipality for review and approval?  | Drop-down Yes or No                                |
| If yes, please describe the outcome of your interaction with the municipality including whether the municipality has approved the project.   | Text box   |

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|---|---------------------|
| If your library leases space, has the owner of the building approved the project?   | Drop-down Yes or No |
| Additional Comments or information (if needed)  | Text box            |
| <b>Review/Certification</b>   |                     |
| By submitting this form, you certify, to the best of your knowledge and belief, that the submission is true, complete, and accurate.  | Check box           |
| By submitting this form, you acknowledge that this Needs Assessment is not an application for grant funds nor is there any guarantee that submitting the Needs Assessment to the Department of Libraries is a guarantee that any grant funds will be awarded to my library. | Check box           |

**SUBMIT**

Your complete form submission will be emailed to you.