

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

Is your library incorporated or municipal?	Dropdown: Incorporated or Municipal
If municipal, what is the name of the municipality?	Text box
Is your library a part of another, larger governing organization?	Dropdown: Yes, 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: Library Director, Board Chair, Trustee, Clerk of Municipality, Treasurer of Municipality, 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 (Full registration), ID Assigned, Inactive, Don't know
What is the expiration date of this UEI registration?	MM/DD/YYYY
What month does your library's fiscal year begin?	Dropdown: January to December
<b>Library Operations</b>	

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

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?	Drop-down: Yes or No
If yes, please list the private sources and amounts of funding secured.	Text box
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
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.