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| **Worksheet & Rubric**  **U.S. Treasury Capital Projects Fund for Libraries Application** | |
| **Application** This is the application for the **U.S. Treasury Capital Projects Fund for Libraries**. Finalists may be required to submit supplemental information or complete a part 2 application. Applicants with branch libraries can only apply for the home library or the branch. | |
| 1. Is work already in process for your project? (Yes/No) | |
| If yes, | |
|  | 1. What was the start date? (calendar) |
|  | 1. What is the stage of completion of your project? (dropdown) (25% or less of completion, 26% to 50% of completion, 51% to 75% of completion, less than 25% to final completion) |
|  | 1. What is your final proposed target completion date? (calendar) |
| If no, | |
|  | 1. What is your proposed start date? (calendar) |
|  | 1. Do you have your plans and permits in place? (Yes/No) |
|  | 1. Have you secured labor? (Yes/No) |
|  | 1. What is your proposed completion date? (calendar) |
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| **Program Eligibility Questions** | |
|  | Confirm that your public library is willing to serve all Vermonters by providing in-house use of the internet and public computing resources free of charge. (Yes/No) |
|  | Confirm that the project designed will directly enable public access to high-speed internet for the purpose of education. (Yes/No) |
|  | Confirm that the project designed will directly enable public access to high-speed internet for the purpose of work. (Yes/No) |
|  | Confirm that the project designed will directly enable public access to high-speed internet for the purpose of health monitoring. (Yes/No) |
|  | Confirm that the project site will continue to serve as a public library and will provide access to high-speed internet to all members of the public for at least five years after the completion of the project. (Yes/No) |
|  | Confirm that the project will address a critical need that resulted from or was made apparent or exacerbated by the public health emergency. (Yes/No) |
|  | Confirm that if funded, this building project be completed by December 31, 2026, (Yes/No) |
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| **If you answered no to any of the questions above, your project is not eligible for this funding.** | |
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| **Organization Information** | | | | | | |
|  | Public Library Name: (dropdown list) | | | | | |
|  | Project Title: (text box) | | | | | |
|  | Organization Legal Name: (text box) | | | | | |
|  | Library Street Address: (text box) | | | | | |
|  | Library City: (text box) | | | | | |
|  | Library State: (text box) | | | | | |
|  | Library ZIP Code: (text box) | | | | | |
|  | County: (dropdown) (Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor) | | | | | |
|  | Telephone: (text box) | | | | | |
|  | Does the Library have mailing address, different from Physical Address? (Yes/No) | | | | | |
|  | 1. If yes, Mailing Street Address or PO Box: (text box) | | | | | |
|  | 1. If yes, Mailing City: (text box) | | | | | |
|  | 1. If yes, Mailing State: (text box) | | | | | |
|  | 1. If yes, Mailing Zip: (text box) | | | | | |
| The following will be entered by the Department of Libraries: | | | | | | |
|  | Population served by the library | | | | | |
|  | Relative need of community served based on Vermont Community Index ranking | | | | | |
|  | Relative Need for high-speed internet access in community served | | | | | |
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| **Building Ownership** | | | | | | |
|  | Who owns the project site? | (radio) Incorporated public library | | (radio) | | Municipality |
|  | (radio) Other (text box): | | | | | |
|  | Confirm that the individual completing this application is authorized by the building owner to apply for the grant to modify the building? (Yes/No) | | | | | |
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| **Primary Contact Information** | | | | | | |
|  | Name: (text box) | | | | | |
|  | Title: (text box) | | | | | |
|  | Street Address: (text box) | | | | | |
|  | City: (text box) | | | | | |
|  | State: (text box) | | | | | |
|  | ZIP Code: (text box) | | | | | |
|  | Telephone Number: (text box) | | | | | |
|  | Email Address: (text box) | | | | | |
|  | Confirm that the Library Board of Trustees has authorized the primary contact to file this application. (Yes/No) | | | | | |
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| **Library Director Information** | | | | | | |
|  | Same as Primary Contact Information. (Yes/No) | | | | | |
| If no, | | | | | | |
|  | Name: (text box) | | | | | |
|  | Title: (text box) | | | | | |
|  | Phone Number: (text box) | | | | | |
|  | Email Address: (text box) | | | | | |
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| **Library Board Chair Information** | | | | | | |
|  | Same as Primary Contact Information. (Yes/No) | | | | | |
| If no, | | | | | | |
|  | Name: (text box) | | | | | |
|  | Title: (text box) | | | | | |
|  | Phone Number: (text box) | | | | | |
|  | Email Address: (text box) | | | | | |
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| **Organization Type** | | | | | | |
|  | (radio button) Municipal Public Library | | (radio button) Incorporated | | | |
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| **Uniform Entity Identifier (UEI)** | | | | |  | |
| **To be eligible to receive this grant, your incorporated public library or municipality must have a full and active Entity Registration**. | | | | | | |
| Incorporated public libraries should provide their non-profit organization’s UEI. | | | | | | |
| Municipal public libraries should provide the UEI of their municipality. | | | | | | |
|  | Unique Entity Identifier: (Text box: (limit to 12 digits) | | | | | |
|  | Entity Identifier (UEI) name: (text box) | | | | | |
|  | What is the type of registration? (dropdown) Active, Inactive, ID assigned | | | | | |
|  | What is the expiration date? (calendar) | | | | | |
|  | Can your UEI registration be viewed publicly? (Yes/No) | | | | | |
|  | If no, upload a PDF of your full, active entity registration from SAM.gov. | | | | | |
|  | UEI Entity registration (document upload) | | | | | |
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| **If your incorporated public library or municipality does not have a full active Entity Registration, you are not eligible for this grant.** | | | | | | |
| **Organization Financial Information** | | | | | | |
|  | Last month of organization’s fiscal year (dropdown 1 to 12) | | | | | |
|  | Tax and Insurance Documentation. Current digital copies (PDF) of these tax and insurance documents are required: | | | | | |
|  | * W9 pdf scan must have a handwritten blue or black ink signature and date. Must be within the last twelve (12) months. | | | | | |
|  | * Certificate of Insurance (within the current calendar year) | | | | | |
| 3 | (document upload) | | | | | |
|  | What type of accounting system is used for the library’s finances? (dropdown) (Automated, Manual, Combination) | | | | | |
|  | Has your library received a state or federal grant in the past? (Yes/No) | | | | | |
|  | Does the library and/or town have written policies and procedures to ensure compliance with grant award requirements? (Yes/No) | | | | | |
|  | If yes, are they available for review? (Yes/No) | | | | | |
|  | Does the accounting system allow you to completely and accurately track receipts and disbursements related to grant awards? (Yes/No) | | | | | |
|  | Does the accounting system allow complete tracking of employee’s time related to grant awards? (Yes/No) | | | | | |
|  | Did the organization have significant audit findings from their last single audit regarding program noncompliance? (Yes/No/Not applicable) | | | | | |
|  | Did the organization have one or more audit findings from their last single audit regarding significant internal control deficiency? (Yes/No/Not applicable) | | | | | |
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| **Public Access Questions** | | | | | | |
|  | How many weeks (wks.) is your library building open to the public in a normal year? | | | | **Possible points: 0-20 points** | |
| • 48wks or fewer=0  • 49wks = 5 • 50wks = 10  • 51wks = 15 • 52wks = 20 | |
|  | How many hours (hrs.) is your library open each week? | | | | **Possible points: 0-60 points.** | |
| • 14 hrs. or fewer=0  • 15-24hrs = 15 • 25-34hrs =30  • 35-44hrs = 45  • 45hrs or more = 60 | |
|  | How many hours is your library open after 5pm on weeknights every week? | | | | **Possible points: 0-60 points.** | |
| • 2 hrs. or fewer = 0  • 3-4hrs = 10 • 5-8hrs = 30  • 9-11hrs = 45  • 12hrs or more = 60 | |
|  | How many hours is your library open on weekends every week? | | | | **Possible points: 0-60 points.** | |
| • 2 hrs. or fewer = 0  • 3-4hrs = 10 • 5-8hrs = 30  • 9-11hrs = 45  • 12hrs or more = 60 | |
|  | 1. Will this project address a critical building need that currently limits your library’s schedule of open hours? (Yes/No) | | | | **Possible points: 0-180 points.** | |
| • No = 0  • Yes = corresponding with questions 2, 3, and 4 above.  • Points assigned for additional hours the library will be able to open in questions 2,3, and 4 added together | |
| 1. If yes, please describe. (Text box 1,000 characters including spaces) | | | |
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|  | Will your library meet minimum state and federal accessibility standards after the completion of this project? (Yes/No) | | | | **Possible points: 0-50 points.** | |
| • No = 0 • Yes = 50 | |
|  | 1. Will this capital project fix building limitations that caused your library to remain closed during the COVID-19 public health emergency after the state officially permitted libraries to open again? (Yes/No) | | | | **Possible points: 0-50 points.** | |
| • No = 0,  • Yes, closure due to limitations of building = 50 | |
|  | 1. If yes, please explain: (text box 1,000 characters including spaces) | | | |  | |
|  | How close is the project site to public transportation? (dropdown)  (½ mile or closer; ½ to 1 mile, more than 1 mile, municipality has no public transportation) | | | | **Possible points: 0-9 points.** | |
| • no public transit = 0  • more than 1 mile = 3  • ½ to 1 mile = 6  • less than ½ mile = 9 | |

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|  | | How close is the project site to the town center? (dropdown) (½ mile or closer; ½ to 1 mile, more than 1 mile, municipality has no town center) | | | **Possible points: 0-9 points.** |
| • no town center = 0  • more than 1 mile = 3  • ½ to 1 mile = 6  • less than ½ mile = 9 |
|  | | Does the project site have free onsite parking? (Yes/No) | | | **Possible points: 0-20 points.** |
| • No free onsite parking = 0 • Yes = 20 |
|  | | Is the project site easily accessible by pedestrians? (Yes/No) | | | **Possible points: 0-20 points.** |
| • Not easily accessible by pedestrians = 0  • Yes = 20 |
|  | | What level of collections and programming does your library offer to meet the needs of under-resourced groups? Please describe these communities and how your work supports them.  Traditionally under-resourced may include:  • People of color or indigenous people, • People who identify as LGBTQI+, • People who live in rural areas, • People with disabilities, • People who identify as immigrants or refugees, • People whose first (or only) language is not English.  (Please note that this is not an exhaustive list) | | | **Possible points: 0-50 points.** |
| • no underrepresented groups served = 0  • limited programming and collections to meet needs of underrepresented groups = 25  • robust programming and collections to meet needs of underrepresented groups in community = 50 |
|  | | (text box – 1,000 characters including spaces) | | |  |
| **Capital Project Detail Questions - Project Information** | | | | | |
|  | | Brief project description (text box) (maximum 500 characters including spaces) | | | **Possible points: 0-10 points.** |
| • project does not align with program goals = 0  • project aligns minimally with program goals = 1-5  • project aligns well with program goals = 6-9  • project aligns completely with program goals = 10 |
|  | | | | | |
| **Project Location** | | | | | |
|  | | Street Address: (text box) | | | |
|  | | City: (text box) | | | |
|  | | ZIP Code: (text box) | | | |
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| **Project Type** | | | | | |
| **Select all that apply (e.g. a project may include a renovation and expansion of an existing building)** | | | | | |
|  | | Check box | Renovation of existing building | | |
| Check box | Expansion of existing public library building | | |
| Check box | New public library building construction | | |
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| **Project Narrative** | | | | | |
|  | | Provide a high-level overview of the project so that an individual not familiar with the project can understand the reason for the project and the major costs associated with the project. (text box) (2,000-character limit, including spaces) | | | **Possible points: 0-40 points.** |
| • no detail provided = 0  • minimal information and lacks clarity = 1-10  • information provided by lacks clarity = 11-20  • includes most costs, costs clearer = 21-39  • all costs planned and the reason for the project is crystal clear = 40 |
|  | | Explain how the project responds to the challenges faced by your community in relation to *internet* *access* for the purposes of work, education, and health monitoring during the COVID-19 public health emergency. Include a description of the community’s critical need and how this project addresses that problem in your response. (text box) (2,000-character limit, including spaces) | | | **Possible points: either 0 or 60 points.** |
| • minimal information provided, unclear how project relates to program goal of providing internet access for the purpose of work, education, and health monitoring = 0  • project clearly relates to all areas and demonstrates direct relationship to how project relates to internet access for the purposes of work, education, and health monitoring access = 60 |
|  | | 1. Does your project include any features or aspects that will help your public library be more resilient to climate emergencies including floods and other extreme weather events? (Yes/No) | | | **Possible points: 1-20 points.** | |
| • information, but not clear relationship to resilience = 0-9  • some aspects of project include resilience = 10-15  • project is clearly demonstrated to improve resilience = 15-20 | |
| 1. If yes, please describe those features. (text box) (1,000-character limit, including spaces) | | |

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|  | Describe your organization and its capacity to complete a building project of this size by December 31, 2026. Your response should include the names and roles of individuals in your organization who will work to support this project. Your response may also include examples of other construction projects of similar complexity that your organization completed, or other multi-year grant funded projects your organization has completed. (text box) (2,000 characters limit, including spaces) | **Possible points: 1-40 points.** |
| • insufficient information, roles unclear, no past construction or projects, capacity unclear = 0  • some information, but not all roles clear, no past construction or projects, capacity unclear = 1-15  • roles of individuals clear, may not have past construction, capacity is outlined, but may be not fully iterated = 15-30  • All roles assigned, and individuals named, past project success, clarity about the organization’s ability to succeed = 30-40 |
| **Community Engagement** | | |
|  | Describe the community’s involvement in the development of the plans for this capital project. (text box) (2,000-character limit, including space) | **Possible points: 1-40 points.** |
| • insufficient information = 0  • Some information, but engagement is not demonstrated = 1-15 • Some community involvement and limited commitment or solid plan for commitment, but in beginning stages = 15-30 • deep community involvement and commitment to the project demonstrated = 30-40 |
|  | Are you able to provide a letter of support for the project from your library’s board of trustees. (Yes/No) | * Applications from libraries   with no letter of support from their library board of trustees are considered incomplete and will not be evaluated. • Yes, letter that names project and shows support for it. |
| (document upload) |
|  | Are you able to provide a letter of support for the project from the municipality(ies) served by the library. (Yes/No) | .• Applications from libraries with no letter of support from their municipalities are considered incomplete and will not be evaluated  • Yes, letter that names project and shows support for it. |
| (document upload) |
| **Project Cost** | | |
|  | 1. Total cost of renovation of existing public library building ($ text box) | |
|  | 1. Total square footage of project area funded by Capital Project Fund (text box) | |
|  | 1. Total cost of expansion of existing public library building ($ text box) | |
|  | 1. Total square footage of project area funded by Capital Project Fund: (text box) | |
|  | 1. Total cost of new public library building construction ($ text box) | |
|  | 1. Total square footage of project area funded by Capital Project Fund: (text box) | |

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| **Project Funding** | | | | | | | |
| **Questions 1-3 informational only (no points)** | | | | | | | |
|  | Total Project Budget: $ ($ text box) | | | | | | |
|  | Capital Project Grant Funds Requested: $ ($ text box) | | | | | | |
|  | Summarize the source, amount, and type of funds already secured for this project: | | | | | | |
|  | 1. Municipal Funds: $ ($ text box) | | | | | | |
|  | 1. Other Funds: $ ($ text box) | | | | | | |
|  | 1. Source(s): (text box – 500 characters) | | | | | | |
|  | 1. If your library secures this CPF grant funding, will its capital project be fully funded? (Yes/No) | | | | **Possible points: 0-70 points.** | | |
| • not fully funded and no plan shown for acquiring funds = 0  • still need half or more funds, but a clear plan is demonstrated = 35  • with this grant, project will be fully funded, or plan is clearly demonstrated for remaining small percentage of funds = 70 | | |
| If no: | | | |
| 1. What is the outstanding funding you must secure prior to beginning this capital project? (Text box – 500 characters including spaces)) | | | |
|  | 1. How do you plan to secure that funding? (text box -500 characters including spaces) | | | |
|  | 1. By what date will you secure that funding? (Text box -500 characters) | | | |
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| **Project Budget** | | | | | | | |
| **Provide a detailed project and construction budget, including phases and costs** | | | | | | | |
|  | 1. **Pre-Construction Costs:** (e.g. planning and design phases) | | | | **Possible points: 0-50 points.** | | |
| (text box) | | $ (text box) | | • no information provided, or information is vague and does not address actual costs = 0  • budget includes some details and could be enough to get started = 25  • all budget aspects iterated with clear estimates = 50 | | |
| Applicants can add as many lines as needed | |  | |
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|  | 1. **Property Costs**: (e.g. purchase of land for new library building construction or purchase of existing building for renovation). | | | | | | |
| (text box) | $(text box) | | (text box) | | | $(text box) |
| Applicants can add as many lines as needed |  | |  | | |  |
|
|  | 1. **Construction Costs**: (i.e., construction of new library or improvements to existing building including renovation /rehabilitation/expansion of existing building). | | | | | | |
| (text box) | | | | | $ (text box) | |
| Applicants can add as many lines as needed | | | | |  | |

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|  | 1. **Device and Equipment Costs**: if applicable (i.e., installed networking equipment and wiring to support internet connectivity. Note: Computers, printers, and copiers are not allowable expenses.) | | | | |
|  | (text box) | | | | $ (text box) |
|  | Applicants can add as many lines as needed | | | |  |
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| **Financial Information** | | | | | |
| **Questions 1- 4 and 6- 8 informational only (no points)** | | | | | |
|  | Provide the total annual budget of your public library: | | | | $ (text box) |
|  | Provide the three-year average annual operating budget of your public library: | | | | $ (text box) |
|  | Provide the capital budget of your public library | | | | $ (text box) |
|  | Does your public library have a reserve fund or endowment that can be used for capital projects? | | | | (Yes/No) |
|  | 1. If yes, indicate the available amount. | | | | $ (text box) |
|  | 1. If yes, are there restrictions on your endowment? | | | | (Yes/No) |
|  | 1. If yes, please describe. (text box – 500 characters) | | | | |
|  | **Organization needs:** | | | | **Possible points: 0-30 points**. |
|  | 1. Describe why your organization needs this grant to accomplish these capital improvements (text box). 2. Include details about private fundraising efforts, available funding sources, and general organizational capacity with regards to fundraising. | | | | • no answer or lack of clarity = 0  • somewhat clear description of need for the grant and fundraising and organizational capacity = 15  • clear description of need for the grant and their fundraising and organizational capacity = 30 |
| Fundraising: (text box) | | $ (text box) | |
| State grants: (text box) | | $ (text box) | |
| Federal grants: (text box) | | $ (text box) | |
| Other grants: (text box) | | $ (text box) | |
|  | 1. Has your organization received funding for capital improvements from the State Capital Appropriations   budget within the last three (3) years? (Yes/No)  If yes, list funds you might have received from Historic Preservation Grants, Recreational Facilities Grants, Human Services and Educational Facilities Grants, or Regional Economic Development Grants in the last three (3) years as well as any direct appropriation from the State Capital Budget. | | | | |
| Source: (text box) | $ (text box) | |
| Applicants can add as many lines as needed |
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| 1. If yes, please describe the purpose of each grant (text box – 500 characters) | | | | |
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|  | 1. Has your organization received Federal funding (including municipal ARPA funding) for capital improvements from your municipality/town budget within the last three years? (Yes/No) | | |
| 1. If yes, what Federal funding source (text box – 100 characters) | | |
| 1. If yes, how much and for what purpose. (text box – 100 characters) | | |
|  | Does your organization have sufficient funds to complete this project without the support of this grant? (Yes/No) | | |
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| **Building Features** | | | |
|  | Will the renovation or new construction create any of the following private spaces to enable members of the public to use the internet to conduct interviews, attend medical appointments, or take oral examinations? | | **Possible points: 0-120 points.** |
| • no private spaces = 0  • 1 or more spaces = 120 |
| 1. Program/Meeting Room: (Yes/No) | | |
| 1. Computer Lab: (Yes/No) | | |
| 1. Private Soundproof Booth/Small Room: (Yes/No) | | |
|  | 1. Will the renovation or new construction create an area that the public can use to access the internet for telehealth, work, or educational purposes when the library is closed? (Yes/No) | | **Possible points: 0-50 points.** |
| • no = 0  • yes, creates space and clearly states how this will work = 50 |
| 1. If yes, describe (text box – 500 character including spaces)s) | | |
|  | 1. Will the project address building envelope issues that, if not addressed, would cause the library to close? (Yes/No) | | **Possible points: 0-200 points.** |
| • no = 0  • the library is at risk of closing in 3 or more years if the work is not completed = 100  • the library is either currently closed/unable to provide all services or is in critical danger of closing in 1 year or less if the work is not completed = 200 |
| 1. If yes, describe how the building envelope is compromised. Describe how long your library can remain open if this situation is not addressed. (text box – 500 characters including spaces)) | |
|  | 1. Will the renovation improve any of the following: (check box – check all that apply) | | **Possible points: 0-120 points.** |
| • no = 0  • 20 points per area addressed with clear relationship to the proposed project = 20-120 |
| Check box | Accessibility (e.g. elevator, lift, ramp, restroom) |
| Check box | Building envelope |
| Check box | Hazard mitigation |
| Check box | HVAC (e.g. repair, replace, or upgrade system to increase air flow and filtration) |
| Check box | Safety (e.g. fire safety, electrical upgrades) |  |
| 1. Other (text box – 500 characters including spaces)) | | |
|  | Does the project address repairs to damage from the July 2023 floods that your organization reported to the Department and that is not wholly covered by insurance, FEMA, or other grants? (Yes/No) | | **Possible points: 0-50 points.** |
| • no = 0  • yes = 50 |
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| **Accessibility** | | |
| **Questions 1 and 5 are informational only.** | | |
|  | 1. Does your building currently meet minimum ADA standards? (Yes/No) | **Informational** |
| 1. If no, after the completion of the project will the building meet minimum ADA requirements? (Yes/No/not required) | **Possible points: either 0 or 100 points.** |
| 1. If yes, describe how (text box -500 characters ) | • does not meet ADA requirements now and project will not address ADA concerns = 0  • does not meet ADA requirements now will reach ADA standards through project = 100 |
|  | 1. Once this project is completed, will people with physical disabilities be able to enter your library building and use the internet and public computing resources? (Yes/No) | **Possible points: 0-50 points.** |
| • no = 0  • yes, with partial details = 25  • yes, with full details = 50 |
| 1. Please describe (text box – 500 characters) | |
|  | Will the project result in improved air circulation and/or improved filtration of air at the library? (Yes/No) | **Possible points: 0-50 points.** |
| • no = 0 • yes = 50 |
|  | 1. Has your organization engaged an accessibility consultant to assist with this project? (Yes/No) | I**nformational** |
|  | 1. If yes, please provide the name of the accessibility consultant and a copy of their report or letter of support for the project. (text box – 100 characters) | |
|  | (document upload) | |
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| **Project Timeline** | | |
|  | **Provide a project schedule outlining major milestones.** | **Possible points: 0-50 points.** |
| **Note: All CPF projects must be completed by December 31, 2026.** | • no information, information incomplete, or project does not end on time = 0  • information on all project segments included, but tight timetable = 1-25  • information on all project segments included and reasonable time is allotted for each phase = 26-50 |
| 1. Project Start Date (text box) |
| 1. Design / Permitting Completion Date (text box) |
| 1. Construction Start Date (text box) |
| 1. Overall Project Completion date (text box) |
|  |
|  | Share potential risk factors that could impact your library’s ability to complete this project by December 31, 2026. (text box – 1,000 characters including spaces)) | **Possible points: 0-50 points.** |
| • no risks presented = 0 • some risks are considered, but not thoroughly = 1-25  • thorough delineation of risks of multiple types = 26-50 |

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|  | What strategies will you use to mitigate the risks you identified? | **Possible points: 0-50 points.** |
| (text box 1,000 Characters including spaces)) | • no mitigation strategies provided = 0  • some mitigation strategy or strategies are identified, but may not fully address potential risks = 1-25  • clear, reasonable, and well thought out mitigation strategies described = 26- 50 |
|  | Upload a detailed project schedule: (document upload) | **Possible points: either 0 or 50 points.** |
|  |  | • no project schedule uploaded = 0  • detailed project schedule uploaded = 50 |
|  | | |
| **Environmental and Other Permitting** | | |
|  | 1. For new building construction, renovation, or expansion of an existing building, will the proposed project require an environmental permit/approval? (Yes/No) | **Possible points: 0-20 points.** |
| • No = 20  • Yes, with no initiated permit review = 0  • Yes, with permit review initiated, but not secured = 10  • Yes, with uploaded permit = 20 |
| 1. If yes, has the environmental permit review process been initiated? (Yes/No) |
| 1. Has the environmental permit been secured? (Yes/No) |
| 1. If yes, upload permit: |
| (document upload) |
|  | 1. For new building construction, renovation, or expansion of an existing building, will the proposed project require historic preservation permit/approval? (Yes/No) | **Possible points: 0-20 points.** |
| • No = 20  • Yes, with no contacted consultant = 0  • Yes, with consultant contacted, but no report or approval yet = 10  • Yes, with uploaded report/letter of support = 20 |
| 1. If yes, have you contacted an historic preservation consultant? (Yes/No) |
| 1. If yes, please provide the name of the historic preservation consultant and a copy of their report or letter of support (text box 100 characters) |
| (document upload) |
|  | 1. For new building construction, renovation, or expansion of an existing building, will the proposed project require municipal permit/approval? (Yes/No) | **Possible points: 0-20 points.** |
| • No = 20  • Yes, with no initiated permit review = 0  • Yes, with permit review initiated, but not secured = 10  • Yes, with uploaded report/letter of support = 20 |
| 1. If yes, has the municipal permit review process been initiated? (Yes/No) |
| 1. Has the permit been secured? (Yes/No) |
| 1. If yes, upload permit:   (document upload) |

|  |
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|  |
| **Required:** |
| * Support materials and attachments are required. |
| * Agreements are required. |
| **Vermont Community Index (VCI):** |
| **VCI:** <https://finance.vermont.gov/content/vermont-community-index-results-workbook> |
| **Total possible points (before VCI): 1768** |
| * Libraries applying for funds in towns that rank above 75% in the VCI will have 175 points added to their final score. |
| * Libraries applying for funds in towns that rank 50-75% or above in the VCI will have 85 points added to their final score. |
| * Libraries applying for funds in towns that rank 49% or below in the VCI will not have points added to their final score. |
| **Total possible points (after VCI): 1943** |