

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,

- a. What was the start date? (calendar)
- b. 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)
- c. What is your final proposed target completion date? (calendar)

If no,

- a. What is your proposed start date? (calendar)
- b. Do you have your plans and permits in place? (Yes/No)
- c. Have you secured labor? (Yes/No)
- d. What is your proposed completion date? (calendar)

Program Eligibility Questions

- 1. 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)
- 2. Confirm that the project designed will directly enable public access to high-speed internet for the purpose of education. (Yes/No)
- 3. Confirm that the project designed will directly enable public access to high-speed internet for the purpose of work. (Yes/No)
- 4. Confirm that the project designed will directly enable public access to high-speed internet for the purpose of health monitoring. (Yes/No)
- 5. 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)
- 6. 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)
- 7. Confirm that if funded, this building project be completed by December 31, 2026, (Yes/No)

If you answered no to any of the questions above, your project is not eligible for this funding.



| Orac | unization Information |
|--------|--|
| | nnization Information |
| 1. | Public Library Name: (dropdown list) |
| 2. | Project Title: (text box) |
| 3. | Organization Legal Name: (text box) |
| 4. | Library Street Address: (text box) |
| 5. | Library City: (text box) |
| 6. | Library State: (text box) |
| 7. | Library ZIP Code: (text box) |
| 8. | County: (dropdown) (Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, |
| | Orleans, Rutland, Washington, Windham, Windsor) |
| 9. | Telephone: (text box) |
| 10. | Does the Library have mailing address, different from Physical Address? (Yes/No) |
| | a. If yes, Mailing Street Address or PO Box: (text box) |
| | b. If yes, Mailing City: (text box) |
| | c. If yes, Mailing State: (text box) |
| | d. If yes, Mailing Zip: (text box) |
| The fo | pllowing will be entered by the Department of Libraries: |
| 11. | Population served by the library |
| 12. | Relative need of community served based on Vermont Community Index ranking |
| 13. | Relative Need for high-speed internet access in community served |
| | |
| Build | ding Ownership |
| 1. | Who owns the project site? (radio) Incorporated public library (radio) Municipality |
| | (radio) Other (text box): |
| 2. | Confirm that the individual completing this application is authorized by the building owner to apply for the |
| | grant to modify the building? (Yes/No) |
| | |
| Prim | nary Contact Information |
| 1. | Name: (text box) |
| 2. | Title: (text box) |
| 3. | Street Address: (text box) |
| 4. | City: (text box) |
| 5. | State: (text box) |
| 6. | ZIP Code: (text box) |
| 7. | Telephone Number: (text box) |
| 8. | Email Address: (text box) |
| 9. | Confirm that the Library Board of Trustees has authorized the primary contact to file this application. (Yes/No) |
| | |
| Libra | ary Director Information |
| 1. | Same as Primary Contact Information. (Yes/No) |
| If no, | 1 |
| 2. | Name: (text box) |
| 3. | Title: (text box) |
| 4. | Phone Number: (text box) |
| 5. | Email Address: (text box) |
| | · · · · · · · · · · · · · · · · · · · |



| Libr | ary Board Chair Information | | | |
|---|--|--|--|--|
| 1. | Same as Primary Contact Information. (Yes/No) | | | |
| If no, | Same as Frinary contact information. (Tes) No. | | | |
| 2. | Name: (text box) | | | |
| 3. | Title: (text box) | | | |
| 4. | Phone Number: (text box) | | | |
| 5. | Email Address: (text box) | | | |
| Orga | anization Type | | | |
| | (radio button) Municipal Public Library (radio button) Incorporated | | | |
| Unif | orm Entity Identifier (UEI) | | | |
| To be | eligible to receive this grant, your incorporated public library or municipality must have a full and active Entity | | | |
| Regis | tration. | | | |
| | porated public libraries should provide their non-profit organization's UEI. | | | |
| | cipal public libraries should provide the UEI of their municipality. | | | |
| 1. | Unique Entity Identifier: (Text box: (limit to 12 digits) | | | |
| 2. | Entity Identifier (UEI) name: (text box) | | | |
| 3. | What is the type of registration? (dropdown) Active, Inactive, ID assigned | | | |
| 4. | What is the expiration date? (calendar) | | | |
| _ | Can your UEI registration be viewed publicly? (Yes/No) | | | |
| 5. | | | | |
| 5. 6. | If no, upload a PDF of your full, active entity registration from SAM.gov. | | | |
| | | | | |
| 6. | If no, upload a PDF of your full, active entity registration from SAM.gov. | | | |
| 6. If you not 6 | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) ur incorporated public library or municipality does not have a full active Entity Registration, you are | | | |
| 6. If you not 6 | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) ur incorporated public library or municipality does not have a full active Entity Registration, you are eligible for this grant. | | | |
| If you | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) ur incorporated public library or municipality does not have a full active Entity Registration, you are eligible for this grant. unization Financial Information | | | |
| If you not a Orga | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) ur incorporated public library or municipality does not have a full active Entity Registration, you are eligible for this grant. Inization 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 | | | |
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| 6. If you not 6 Orga a. 2. 3. 4. 5. 6. 7. | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) Ir incorporated public library or municipality does not have a full active Entity Registration, you are eligible for this grant. Inization 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) (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 | | | |
| 6. If you not 6 Orga a. 2. 3. 4. 5. 6. 7. | If no, upload a PDF of your full, active entity registration from SAM.gov. UEI Entity registration (document upload) ur incorporated public library or municipality does not have a full active Entity Registration, you are digible for this grant. Inization 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) (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) | | | |



| Puk | olic Access Questions | |
|-----|---|---|
| 1. | How many weeks (wks.) is your library building open to the public in a normal year? | • 48wks or fewer=0 • 49wks = 5 • 51wks = 15 • 52wks = 20 |
| 2. | 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 |
| 3. | 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 |
| 4. | 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 |
| 5. | a. Will this project address a critical building need that currently limits your library's schedule of open hours? (Yes/No) b. If yes, please describe. (Text box 1,000 characters including spaces) | • 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 |
| 6. | 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 |
| 7. | a. 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) b. If yes, please explain: (text box 1,000 characters including spaces) | Possible points: 0-50 points. No = 0, Yes, closure due to limitations of building = 50 |
| 8. | 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 |



| 9. | How close is the project site to the town center? (dropdown) (½ mile or closer; | Possible points: 0-9 points. |
|------------------------|---|---|
| | ½ to 1 mile, more than 1 mile, municipality has no town center) | • no town center = 0 • more than 1 mile = 3 • ½ to 1 mile = 6 |
| | | • less than ½ mile = 9 |
| 10. | Does the project site have free onsite parking? (Yes/No) | Possible points: 0-20 points. |
| | | • No free onsite parking = 0 • Yes = 20 |
| 11. | Is the project site easily accessible by pedestrians? (Yes/No) | Possible points: 0-20 points. |
| | | Not easily accessible by pedestrians = 0 Yes = 20 |
| 12. | What level of collections and programming does your library offer to meet the | Possible points: 0-50 points. |
| | 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) (text box – 1,000 characters including spaces) | 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 |
| | | |
| | ital Project Detail Questions - Project Information | |
| Cap 1. | ital 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 |
| 1. | | 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 |
| 1. | Brief project description (text box) (maximum 500 characters including spaces) | 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 |
| 1. | Brief project description (text box) (maximum 500 characters including spaces) ject Location | 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 |
| Proj | Brief project description (text box) (maximum 500 characters including spaces) ject Location Street Address: (text box) | 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 |
| Proj 1. 2. 3. | Brief project description (text box) (maximum 500 characters including spaces) ject Location Street Address: (text box) City: (text box) ZIP Code: (text box) | 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 |
| Proj 1. 2. 3. | Brief project description (text box) (maximum 500 characters including spaces) ject Location Street Address: (text box) City: (text box) ZIP Code: (text box) ject Type ct all that apply (e.g. a project may include a renovation and expansion of an exis | 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 |
| Proj 1. 2. 3. | Brief project description (text box) (maximum 500 characters including spaces) ject Location Street Address: (text box) City: (text box) ZIP Code: (text box) ject Type t all that apply (e.g. a project may include a renovation and expansion of an exist Check box Renovation of existing building | 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 |
| Proj 1. 2. 3. | Brief project description (text box) (maximum 500 characters including spaces) ject Location Street Address: (text box) City: (text box) ZIP Code: (text box) ject Type ct all that apply (e.g. a project may include a renovation and expansion of an exis | 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 |



| Proj | ect Narrative | |
|------|--|---|
| 1. | 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) | • 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 |
| 2. | Explain how the project responds to the challenges faced by your community in relation to <i>internet access</i> 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 |
| 3. | a. 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) b. If yes, please describe those features. (text box) (1,000-character limit, including spaces) | 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 |



| 4. | Describe your organization and its capacity to complete a building project of | Possible points: 1-40 points. |
|------|--|---|
| | this size by December 31, 2026. Your response should include the names and | • insufficient information, roles |
| | roles of individuals in your organization who will work to support this project. | unclear, no past construction or |
| | Your response may also include examples of other construction projects of | projects, capacity unclear = 0 |
| | similar complexity that your organization completed, or other multi-year grant | • some information, but not all |
| | | roles clear, no past |
| | funded projects your organization has completed. (text box) (2,000 characters | construction or projects, |
| | limit, including spaces) | 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 |
| Com | munity Engagement | |
| 1. | Describe the community's involvement in the development of the plans for this | Possible points: 1-40 points. |
| | capital project. (text box) (2,000-character limit, including space) | • 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 |
| 2. | Are you able to provide a letter of support for the project from your library's | Applications from libraries |
| | board of trustees. (Yes/No) | with no letter of support from |
| | (document upload) | their library board of trustees |
| | (accament aplicas) | are considered incomplete and |
| | | will not be evaluated. |
| | | • Yes, letter that names project |
| | | and shows support for it. |
| 3. | Are you able to provide a letter of support for the project from the | .• Applications from libraries |
| | municipality(ies) served by the library. (Yes/No) | with no letter of support from |
| | (document upload) | their municipalities are |
| | | considered incomplete and will |
| | | not be evaluated |
| | | Yes, letter that names project |
| Droi | oct Cost | and shows support for it. |
| | ect Cost Cost Cost of repoyation of existing public library building (\$\cost box) | |
| 1. | a. Total cost of renovation of existing public library building (\$ text box) | 1 |
| 2 | b. Total square footage of project area funded by Capital Project Fund (text box | J |
| 2. | a. Total cost of expansion of existing public library building (\$ text box) | 4) |
| 3. | b. Total square footage of project area funded by Capital Project Fund: (text box | S J |
| Э. | a. Total cost of new public library building construction (\$ text box)b. Total square footage of project area funded by Capital Project Fund: (text box) | 4 |
| | | |



| Proj | ect Funding | | | | |
|------|---|---|-----------------|--|---|
| Ques | tions 1-3 informational only (no points) | | | | |
| 1. | Total Project Budget: \$ (\$ text box) | | | | |
| 2. | Capital Project Grant Funds Requested: \$ (\$ text box) | | | | |
| 3. | Summarize the source, amount, and type of funds already secured for this project: | | | | |
| | a. Municipal Funds: \$ (\$ text box) | | | | |
| | b. Other Funds: \$ (\$ text box) | | | | |
| | c. Source(s): (text box – 500 characters) | | | | |
| 4. | a. If your library secures this CPF grant fur | Possible points: 0-70 points. • not fully funded and no plan | | | |
| | funded? (Yes/No) If no: | shown for acqu | • | | |
| | | | | | or more funds, |
| | a. What is the outstanding funding you make capital project? (Text box – 500 charact | • | | but a clear plar demonstrated = | is = 35 |
| | b. How do you plan to secure that funding? (text box -500 characters including spaces) | | | | t, project will be plan is clearly for remaining ge of funds = 70 |
| | c. By what date will you secure that fundi | ng? (Text box - | 500 characters) | | , |
| | , | 0. (| | | |
| Proi | ect Budget | | | | |
| | de a detailed project and construction budge | et including n | hases and costs | | |
| 1. | a. Pre-Construction Costs: (e.g. planning a | | | Possible points | • 0-50 noints |
| 1. | (text box) | and design pha | \$ (text box) | • no information | = |
| | Applicants can add as many lines as needed | ı | y (text box) | information is v | • |
| | Applicants can add as many lines as needed | | | not address act | |
| | | | | budget includ | les some details |
| | | | | and could be e | nough to get |
| | | | | started = 25• all budget aspects iteratedwith clear estimates = 50 | |
| | | | | | |
| | b. Property Costs : (e.g. purchase of land for new library building construction or purchase of exfor renovation). | | | | |
| | (text box) | (text box) | | \$(text box) | |
| | Applicants can add as many lines as needed | | | | |
| | c. Construction Costs : (i.e., construction or renovation /rehabilitation/expansion or | • | • | sting building in | cluding |
| 1 | (text box) | - | | \$ (text box) | |
| | Applicants can add as many lines as needed | l | | | |



| | internet connectivity. Note: Computers, pr (text box) | , | | \$ (text box) |
|----------|--|---|--|---|
| | Applicants can add as many lines as needed | | | + (concon) |
| | , | | | |
| Eina | Incial Information | | | |
| | tions 1- 4 and 6- 8 informational only (no points | (2 | | |
| | Provide the total annual budget of your public | • | | \$ (text box) |
| ·• ?. | Provide the total aimual budget of your public | • | ır public library: | \$ (text box) |
| | Provide the capital budget of your public librar | | ar public library. | \$ (text box) |
| | | • | -+ b | |
| • | Does your public library have a reserve fund or capital projects? | r endowment th | at can be used for | (Yes/No) |
| | a) If yes, indicate the available amount. | | | \$ (text box) |
| | b) If yes, are there restrictions on your endow | vment? | | (Yes/No) |
| | c) If yes, please describe. (text box – 500 cha | | | (103/110) |
| | | | | |
| j. | Organization needs: a. Describe why your organization needs this | grant to accom | olish these capital | Possible points: 0-30 points. • no answer or lack of clarity = |
| j. | Organization needs: a. Describe why your organization needs this improvements (text box). | grant to accom | olish these capital | |
| j. | a. Describe why your organization needs this | | • | no answer or lack of clarity =0somewhat clear description |
| j. | a. Describe why your organization needs this improvements (text box). | fforts, available | funding sources, | no answer or lack of clarity = somewhat clear description of need for the grant and |
| • | a. Describe why your organization needs this improvements (text box).b. Include details about private fundraising expressions. | fforts, available | funding sources, hising. | no answer or lack of clarity = 0 somewhat clear description of need for the grant and fundraising and organizational |
| ·• | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with r | fforts, available regards to fundra | funding sources, aising. box) | no answer or lack of clarity = 0 somewhat clear description of need for the grant and fundraising and organizational capacity = 15 |
| j. | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with r Fundraising: (text box) | fforts, available regards to fundra | funding sources, hising. hox) | 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 |
| 3. | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with r Fundraising: (text box) State grants: (text box) | fforts, available regards to fundra \$ (text \$ (text) | funding sources, aising. box) box) box) | no answer or lack of clarity = 0 somewhat clear description of need for the grant and fundraising and organizational |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with r Fundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) | fforts, available regards to fundra \$ (text \$ | funding sources, hising. hox) hox) hox) hox) | 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 |
| j. | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ text \$) (text \$ (text \$) (text \$) | funding sources, hising. hox) hox) hox) hox) | 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 |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Yest | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ r capital improvess/No) | funding sources, aising. boox) boox) boox) cox) cox) | 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 ate Capital Appropriations |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Yest If yes, list funds you might have received from | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ r capital improves/No) | funding sources, aising. box) box) box) box) cox) cox) cments from the St | 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 ate Capital Appropriations ational Facilities Grants, |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Year If yes, list funds you might have received from Human Services and Educational Facilities Grants | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ (text \$ x))) r capital improves (s/No) Historic Preservants, or Regional E | funding sources, aising. box) box) box) box) ments from the St ation Grants, Recre | 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 ate Capital Appropriations ational Facilities Grants, |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Yest If yes, list funds you might have received from Human Services and Educational Facilities Grant (3) years as well as any direct appropriation from | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ (text \$ No)) Historic Preservants, or Regional Epomethe State Cap | funding sources, aising. box) box) box) box) ments from the St ation Grants, Recre | 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 ate Capital Appropriations ational Facilities Grants, |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Yester of the services and Educational Facilities Grants) (3) years as well as any direct appropriation from Source: (text box) | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ (text \$ x))) r capital improves (s/No) Historic Preservants, or Regional E | funding sources, aising. box) box) box) box) ments from the St ation Grants, Recre | 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 ate Capital Appropriations ational Facilities Grants, |
| | a. Describe why your organization needs this improvements (text box). b. Include details about private fundraising e and general organizational capacity with refundraising: (text box) State grants: (text box) Federal grants: (text box) Other grants: (text box) a. Has your organization received funding for budget within the last three (3) years? (Yest If yes, list funds you might have received from Human Services and Educational Facilities Grant (3) years as well as any direct appropriation from | fforts, available regards to fundra \$ (text \$ (text \$ (text \$ (text \$ (text \$ No)) Historic Preservants, or Regional Epomethe State Cap | funding sources, aising. box) box) box) box) ments from the St ation Grants, Recre | 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 ate Capital Appropriations ational Facilities Grants, |



| | _ | EMA, or other grants? (Yes/No) | • yes = 50 | |
|----|------------------------|---|--|--|
| 5. | | reported to the Department and that is not wholly covered by | Possible points: 0-50 points. • no = 0 | |
| | | ext box – 500 characters including spaces)) | | |
| | Check box | Safety (e.g. fire safety, electrical upgrades) | | |
| | | and filtration) | | |
| | Check box | HVAC (e.g. repair, replace, or upgrade system to increase air flow | | |
| | Check box Check box | Building envelope Hazard mitigation | proposed project = 20-120 | |
| | | Accessibility (e.g. elevator, lift, ramp, restroom) | with clear relationship to the | |
| | apply) | | • no = 0 • 20 points per area addressed | |
| 4. | | renovation improve any of the following: (check box – check all that | of closing in 1 year or less if the work is not completed = 200 Possible points: 0-120 points. | |
| | | r library can remain open if this situation is not addressed. (text 0 characters including spaces)) | 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 | |
| | b. If yes, de | euse the library to close? (Yes/No) escribe how the building envelope is compromised. Describe how | • no = 0 • the library is at risk of closing in 3 or more years if the work is | |
| 3. | a. Will the | project address building envelope issues that, if not addressed, | Possible points: 0-200 points. | |
| | b. If yes, de | escribe (text box – 500 character including spaces)s) | | |
| | when the | e library is closed? (Yes/No) | • yes, creates space and clearly states how this will work = 50 | |
| | | ccess the internet for telehealth, work, or educational purposes | • no = 0 | |
| 2. | | renovation or new construction create an area that the public can | Possible points: 0-50 points. | |
| | | Soundproof Booth/Small Room: (Yes/No) | | |
| | | er Lab: (Yes/No) | | |
| | | ttend medical appointments, or take oral examinations? /Meeting Room: (Yes/No) | _ 55.5 565655 125 | |
| | _ · | able members of the public to use the internet to conduct | no private spaces = 01 or more spaces = 120 | |
| 1. | | ovation or new construction create any of the following private | Possible points: 0-120 points. | |
| | ding Featur | | | |
| | (103/110) | | | |
| 8. | Does your or (Yes/No) | ganization have sufficient funds to complete this project without the | support of this grant? | |
| | | ow much and for what purpose. (text box – 100 characters) | | |
| | b. If yes, wi | hat Federal funding source (text box – 100 characters) | | |
| | | ments from your municipality/town budget within the last three year | | |
| 7. | a. Has your | organization received Federal funding (including municipal ARPA fur | nding) for capital | |



| ions 1 and 5 are informational only. a. Does your building currently meet minimum ADA standards? (Yes/No) | |
|--|--|
| | |
| | Informational |
| b. If no, after the completion of the project will the building meet minimum | Possible points: either 0 or 100 |
| ADA requirements? (Yes/No/not required) | points. |
| c. 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 |
| a. Once this project is completed, will people with physical disabilities be able | Possible points: 0-50 points. |
| to enter your library building and use the internet and public computing | • no = 0 |
| resources? (Yes/No) | • yes, with partial details = 25 |
| | • yes, with full details = 50 |
| b. Please describe (text box – 500 characters) | |
| Will the project result in improved air circulation and/or improved filtration of | Possible points: 0-50 points. |
| air at the library? (Yes/No) | • no = 0 • yes = 50 |
| a. Has your organization engaged an accessibility consultant to assist with this project? (Yes/No) | Informational |
| b. If yes, please provide the name of the accessibility consultant and a copy of t for the project. (text box – 100 characters) (document upload) | heir report or letter of support |
| ect 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 |
| a. Project Start Date (text box) | incomplete, or project does not |
| b. Design / Permitting Completion Date (text box) | end on time = 0 |
| c. Construction Start Date (text box) | information on all project segments included, but tight |
| d. Overall Project Completion date (text box) | timetable = 1-25 |
| | • information on all project segments included and reasonable time is allotted for each phase = 26-50 |
| Share potential risk factors that could impact your library's ability to complete | Possible points: 0-50 points. |
| this project by December 31, 2026. (text box – 1,000 characters including spaces)) | no risks presented = 0 some risks are considered, but not thoroughly = 1-25 thorough delineation of risks of multiple types = 26- 50 |
| | a. 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) b. 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) a. Has your organization engaged an accessibility consultant to assist with this project? (Yes/No) b. If yes, please provide the name of the accessibility consultant and a copy of t for the project. (text box – 100 characters) (document upload) ect Timeline Provide a project schedule outlining major milestones. Note: All CPF projects must be completed by December 31, 2026. a. Project Start Date (text box) b. Design / Permitting Completion Date (text box) c. Construction Start Date (text box) d. 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 |



| 3. | 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 | |
| 4. | Upload a detailed project schedule: (document upload) | Possible points: either 0 or 50 points. | |
| | | no project schedule uploaded 0 detailed project schedule uploaded = 50 | |
| Env | ronmental and Other Permitting | | |
| 1. | a. For new building construction, renovation, or expansion of an existing building, will the proposed project require an environmental permit/approval? (Yes/No) b. If yes, has the environmental permit review process been initiated? (Yes/No) c. Has the environmental permit been secured? (Yes/No) d. If yes, upload permit: | 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 | |
| 2 | (document upload) | Descible nainte 0.30 nainte | |
| 2. | 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 | |
| | b. If yes, have you contacted an historic preservation consultant? (Yes/No) | Yes, with consultant contacted, but no report or | |
| | c. 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) | approval yet = 10 • Yes, with uploaded report/letter of support = 20 | |
| 3. | a. For new building construction, renovation, or expansion of an existing building, will the proposed project require municipal permit/approval? (Yes/No) If yes, has the municipal permit review process been initiated? (Yes/No) | Possible points: 0-20 points. • No = 20 • Yes, with no initiated permit review = 0 | |
| | b. If yes, has the municipal permit review process been initiated? (Yes/No) c. Has the permit been secured? (Yes/No) d. If yes, uplead permit: | Yes, with permit review initiated, but not secured = 10 | |
| | d. If yes, upload permit: (document upload) | • Yes, with uploaded report/letter of support = 20 | |



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