

Annual Report For Public And Association Libraries - 2015

1. GENERAL LIBRARY INFORMATION

Part 1

Report all information in Part 1 as of December 31, 2015, except for questions related to the current library director/manager (questions 1.35 through 1.40).

- 1.1 Library ID Number _____
- 1.2 Library Name _____
- 1.3 Name Status (State use only) _____
- 1.4 Structure Status (State use only) _____
- 1.5 Community _____
- 1.6 Beginning Fiscal Reporting Year _____
- 1.7 Ending Fiscal Reporting Year _____
- 1.8 Is the library now reporting on a different fiscal year than it reported on in the previous Annual Report? _____
- 1.9 If yes, please indicate the beginning date of library's new reporting year. Enter N/A if No was answered to Question 1.8. _____
- 1.10 Please indicate the ending date of library's new reporting year. Enter N/A if No was answered to Question 1.8. _____
- 1.11 Beginning Local Fiscal Year _____
- 1.12 Ending Local Fiscal Year _____
- 1.13 Address Status _____
- 1.14 Street Address _____
- 1.15 City _____
- 1.16 Zip Code _____
- 1.17 Mailing Address _____
- 1.18 City _____
- 1.19 Zip Code _____
- 1.20 Telephone Number (enter 10 digits only and hit the Tab key; enter N/A if no telephone number) _____
- 1.21 Fax Number (enter 10 digits only and hit the Tab key; enter N/A if no fax number) _____
- 1.22 E-Mail Address to Contact the Library (Enter N/A if no e-mail address) _____
- 1.23 Library Home Page URL (Enter N/A if no home page URL) _____
- 1.24 Population Chartered to Serve (per 2010 Census) _____
- 1.25 Indicate the type of library as stated in the library's charter (select one): _____
- 1.26 Indicate the area chartered to serve as stated in the library's charter (select one): _____
- 1.27 During the reporting year, has there been any change to the library's legal service area boundaries? Changes must be the result of a Regents charter action. Answer Y for Yes, N for No. _____
- 1.28 Indicate the type of charter the library currently holds (select one): _____
- 1.29 Date the library was granted its absolute charter or the date of the provisional charter if the library does not have an absolute charter _____
- 1.30 Date the library was last registered _____

- 1.31 Federal Employer Identification Number _____
- 1.32 County _____
- 1.33 School District _____
- 1.34 Town/City _____
- 1.35 Library System _____

NOTE: For questions 1.36 through 1.41, report all information for the current library director/manager.

- 1.36 Title of Library Director/ Manager (select one): _____
- 1.37 First Name of Library Director/Manager _____
- 1.38 Last Name of Library Director/Manager _____
- 1.39 NYS Public Librarian Certification Number _____
- 1.40 E-mail Address of the Director/Manager _____
- 1.41 Fax Number of the Director/Manager _____
- 1.42 Does the library charge fees for library cards to people residing outside the system's service area? _____

Part 2

- 1.43 Was all or part of the library's funding subject to a public vote(s) held during Calendar Year 2015? (Please respond even if the vote was unsuccessful). Enter Y for Yes, N for No. If Yes, complete one record for the public vote from each funding source. If no, go to question 1.44. _____
- 1. Name of municipality or district holding the public vote _____
- 2. Indicate the type of municipality or district holding the public vote _____
- 3. Date the vote was held (mm/dd/2015) _____
- 4. Was the vote successful? Y/N _____
- 5. What type of public vote was it? _____
- 6a. Most recent prior year approved appropriation from a public vote: _____
- 6b. Proposed increase in appropriation for Calendar Year 2015: _____
- 6c. Total proposed appropriation (sum of 6a and 6b): _____

This question should only be answered if "No" was answered in Q1.43 OR the library has votes from different municipalities/districts that were held in different years, both current and prior.

- 1.44 Did the library receive funding from an appropriation which was approved by public vote in a prior year? (Prior to Calendar Year 2015) Enter Y for Yes, N for No. If Yes, complete one record for the vote from each funding source. If No, go to question 1.45. _____
- 1. Name of municipality or district holding the public vote _____
- 2. Indicate the type of municipality or district holding the public vote _____
- 3. Date the last successful vote was held (mm/dd/yyyy) _____
- 4. What type of public vote was it? _____
- 5. What was the total dollar amount of the appropriation from tax dollars resulting from the last successful vote? _____

Part 3

- 1.45 Does the reporting library have a contractual agreement with a municipality or district to provide library services to residents of an area not served by a chartered library? Enter Y for Yes, N for No. If yes, please complete one record for *each* contract. If no, go to question 1.46. _____

1. Name of contracting municipality or district _____
2. Is this a written contractual agreement? _____
3. Population of the geographic area served by this contract _____
4. Dollar amount of contract _____
5. Enter the appropriate code for range of services provided (select one): _____

1.46 For the reporting year, has the library experienced any unusual circumstance(s) that affected the statistics reported (e.g., natural disaster, fire, closed for renovations, massive weeding of collection, etc.)? If yes, please annotate explaining the circumstance(s) and the impact on the library using the State note; if no, please go to Part 2, Library Collection. _____

2. LIBRARY COLLECTION

Report holdings, additions, and subscriptions as of the end of the fiscal year reported in Part 1. Please click [here](#) to read general instructions before completing this section.

This section of the survey (2.1-2.22) collects data on selected types of materials.

It does not cover all materials (i.e., microform, scores, maps, and pictures) for which expenditures are reported under Print Materials Expenditures, Electronic Materials Expenditures, and Other Materials Expenditures (questions 12.6, 12.7 and 12.8). Under this category report only items that have been purchased, leased or licensed by the library, a consortium, the state library, a donor or other person or entity. Included items must only be accessible with a valid library card or at a physical library location; inclusion in the catalog is not required. Do not include items freely available without monetary exchange. Do not include items that are permanently retained by the patron; count only items that have a set circulation period where it is available for their use. Count electronic materials at the administrative entity level; do not duplicate numbers at each branch.

PRINT MATERIALS

Cataloged Books

- 2.1 Adult Fiction Books _____
- 2.2 Adult Non-fiction Books _____
- 2.3 **Total Adult Books (Total questions 2.1 & 2.2)** _____
- 2.4 Children's Fiction Books _____
- 2.5 Children's Non-fiction Books _____
- 2.6 **Total Children's Books (Total questions 2.4 & 2.5)** _____
- 2.7 **Total Cataloged Books (Total questions 2.3 & 2.6)** _____

Other Print Materials

- 2.8 Total Uncataloged Books _____
- 2.9 Total Print Serials _____
- 2.10 All Other Print Materials _____
- 2.11 **Total Other Print Materials (Total questions 2.8 through 2.10)** _____
- 2.12 **Total Print Materials (Total questions 2.7 and 2.11)** _____

ALL OTHER MATERIALS

Electronic Materials

- 2.13 Electronic Books _____
- 2.14 Local Electronic Collections _____
- 2.15 NOVELNY Electronic Collections _____
- 2.16 **Total Electronic Collections (Total questions 2.14 and 2.15)** _____

- 2.17 Audio - Downloadable Units _____
- 2.18 Video - Downloadable Units _____
- 2.19 Other Electronic Materials (Include items that are not included in the above categories, such as e-series; electronic files; collections of digital photographs; and electronic government documents, reference tools, scores and maps.) _____
- 2.20 **Total Electronic Materials (Total questions 2.13, 2.16, 2.17, 2.18 and 2.19)** _____

Non-Electronic Materials

- 2.21 Audio - Physical Units _____
- 2.22 Video - Physical Units _____
- 2.23 Other Non-Electronic Materials (includes films, slides, etc.) _____
- 2.24 **Total Other Materials Holdings (Total questions 2.21 through 2.23)** _____
- 2.25 **GRAND TOTAL HOLDINGS (Total questions 2.12, 2.20 and 2.24)** _____

CURRENT SERIAL SUBSCRIPTIONS

- 2.26 Current Print Serial Subscriptions _____

ADDITIONS TO HOLDINGS - Do not subtract withdrawals or discards.

- 2.27 Cataloged Books _____
- 2.28 All Other Print Materials _____
- 2.29 Electronic Materials _____
- 2.30 All Other Materials _____
- 2.31 **Total Additions (Total questions 2.27 through 2.30)** _____

3. LIBRARY PROGRAMS, POLICIES, AND SERVICES

Report all information on questions 3.1 through 3.26 as of the end of the fiscal year reported in Part 1; report information on questions 3.27 through 3.78 for the 2015 calendar year. Please click [here](#) to read general instructions before completing this section.

Please report information on LIBRARY USE as of the end of the fiscal year reported in Part 1.

LIBRARY USE

- 3.1 Library visits (total annual attendance) _____
- 3.2 Registered resident borrowers _____
- 3.3 Registered non-resident borrowers _____

Please report information on WRITTEN POLICIES as of 12/31/15.

WRITTEN POLICIES (Answer Y for Yes, N for No)

- 3.4 Does the library have an open meeting policy? _____
- 3.5 Does the library have a policy protecting the confidentiality of library records? _____
- 3.6 Does the library have an Internet use policy? _____
- 3.7 Does the library have a disaster plan? _____
- 3.8 Does the library have a board-approved conflict of interest policy? _____
- 3.9 Does the library have a board-approved whistle blower policy? _____

Please report information on ACCESSIBILITY as of 12/31/15.

ACCESSIBILITY (Answer Y for Yes, N for No)/b>

- 3.10 Does the library provide service to persons who cannot visit the library (homebound persons, persons in nursing homes, persons in jail, etc.)? _____

- 3.11 Does the library have assistive devices for persons who are deaf and hearing impaired (TTY/TDD)? _____
- 3.12 Does the library have large print books? _____
- 3.13 Does the library have assistive technology for the blind and visually impaired? _____
- 3.14 - If so, what do you have?
 - screen reader, such as JAWS or Windoweyes _____
 - refreshable Braille keyboard _____
 - screen magnification software, such as Zoomtext _____
 - electronic scanning and reading software, such as OpenBook _____

Please report information on LIBRARY SPONSORED PROGRAMS as of the end of the fiscal year reported in Part 1.

LIBRARY SPONSORED PROGRAMS

- 3.15 Adult Program Sessions _____
- 3.16 Young Adult Program Sessions _____
- 3.17 Children's Program Sessions _____
- 3.18 All Other Program Sessions _____
- 3.19 **Total Number of Program Sessions (Total questions 3.15 through 3.18)** _____
- 3.20 One-on-One Program Sessions _____
- 3.21 Adult Program Attendance _____
- 3.22 Young Adult Program Attendance _____
- 3.23 Children's Program Attendance _____
- 3.24 All Other Program Attendance _____
- 3.25 **Total Program Attendance (Total questions 3.21 through 3.24)** _____
- 3.26 One-on-One Program Attendance _____

Please report information on SUMMER READING PROGRAMS for the 2015 calendar year.

SUMMER READING PROGRAM

3.27 - Indicate which of the following apply to the summer reading program(s) offered by the library during the summer of 2015 (check all that apply):

- a. Program(s) for children _____
- b. Program(s) for young adults _____
- c. Program(s) for Adults _____
- d. Summer Reading at New York Libraries name and/or logo used _____
- e. Collaborative Summer Library Program (CSLP Manual, provided through the New York State Library, used) _____
- f. N/A _____
- 3.28 Library outlets offering a summer reading program _____
- 3.29 Children registered for the library's summer reading program _____
- 3.30 Young adults registered for the library's summer reading program _____
- 3.31 Adults registered for the library's summer reading program _____
- 3.32 **Total number registered for the library's summer reading program (total 3.29 + 3.30 + 3.31)** _____
- 3.33 Children's program sessions - Summer 2015 _____
- 3.34 Young adult program sessions - Summer 2015 _____
- 3.35 Adult program sessions - Summer 2015 _____
- 3.36 **Total program sessions - Summer 2015 (total 3.33 + 3.34 + 3.35)** _____

- 3.37 Children's program attendance - Summer 2015 _____
- 3.38 Young adult program attendance - Summer 2015 _____
- 3.39 Adult program attendance - Summer 2015 _____
- 3.40 **Total program attendance - Summer 2015 (total 3.37 + 3.38 + 3.39)** _____

COLLABORATORS

- 3.41 Public school district(s) and/or BOCES _____
- 3.42 Non-public school(s) _____
- 3.43 Childcare center(s) _____
- 3.44 Summer camp(s) _____
- 3.45 Municipality/Municipalities _____
- 3.46 Literacy provider(s) _____
- 3.47 Other (describe using the State note) _____
- 3.48 **Total Collaborators (total 3.41 through 3.47)** _____

Please report information on EARLY LITERACY PROGRAMS for the 2015 calendar year.

EARLY LITERACY PROGRAMS

3.49 Did the library offer early literacy programs? (Enter Y for Yes, N for No) _____

3.50 - Indicate types of programs offered (check all that apply)

- a. Focus on birth - school entry _____
- b. Focus on parents & caregivers _____
- c. Combined audience _____
- d. N/A _____

3.51 - Number of sessions

- a. Focus on birth - school entry _____
- b. Focus on parents & caregivers _____
- c. Combined audience _____
- d. N/A _____

3.52 **Total Sessions** _____

3.53 - Attendance at sessions

- a. Focus on birth - school entry _____
- b. Focus on parents & caregivers _____
- c. Combined audience _____
- d. N/A _____

3.54 **Total Attendance** _____

3.55 - Collaborators (check all that apply):

- a. Childcare center(s) _____
- b. Public School District(s) and/or BOCES _____
- c. Non-Public School(s) _____
- d. Health care providers/agencies _____
- e. Other (describe using the State note) _____

Please report information on ADULT LITERACY for the 2015 calendar year.

ADULT LITERACY

- 3.56 Did the library offer adult literacy programs? _____
- 3.57 Total group program sessions _____
- 3.58 Total one-on-one program sessions _____
- 3.59 Total group program attendance _____

- 3.60 Total one-on-one program attendance _____
- 3.61 - Collaborators (check all that apply)

 - a. Literacy NY (Literacy Volunteers of America) _____
 - b. Public School District(s) and/or BOCES _____
 - c. Non-Public Schools _____
 - d. Other (see instructions and describe using State Note) _____

Please report information on PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) for the 2015 calendar year.

PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL)

- 3.62 Did the library offer programs for English Speakers of Other Languages (ESOL)? (Enter Y for Yes, N for No) _____
- 3.63 Children's program sessions _____
- 3.64 Young adult program sessions _____
- 3.65 Adult program sessions _____
- 3.66 One-on-one program sessions _____
- 3.67 **Total program sessions (total 3.63 + 3.64 + 3.65)** _____
- 3.68 Children's program attendance _____
- 3.69 Young adult program attendance _____
- 3.70 Adult program attendance _____
- 3.71 One-on-one program attendance _____
- 3.72 **Total program attendance (total 3.68 + 3.69 + 3.70)** _____
- 3.73 - Collaborators (check all that apply):

 - a. Literacy NY (Literacy Volunteers of America) _____
 - b. Public School District(s) and/or BOCES _____
 - c. Non-Public School(s) _____
 - d. Other (describe using the State note) _____

Please report information on DIGITAL LITERACY for the 2015 calendar year.

DIGITAL LITERACY

- 3.74 Did the library offer digital literacy programs? _____
- 3.75 Total group program sessions _____
- 3.76 Total one-on-one program sessions _____
- 3.77 Total group program attendance _____
- 3.78 Total one-on-one program attendance _____

4. LIBRARY TRANSACTIONS

Report all transactions as of the end of the fiscal year reported in Part 1. (Please note: Internal Library usage is not considered part of circulation)

CATALOGED BOOK CIRCULATION

- 4.1 Adult Fiction Books _____
- 4.2 Adult Non-fiction Books _____
- 4.3 **Total Adult Books (Total questions 4.1 & 4.2)** _____
- 4.4 Children's Fiction Books _____
- 4.5 Children's Non-fiction Books _____
- 4.6 **Total Children's Books (Total questions 4.4 & 4.5)** _____
- 4.7 **Total Cataloged Book Circulation (Total question 4.3 & 4.6)** _____

CIRCULATION OF OTHER MATERIALS

- 4.8 Circulation of Adult Other Materials _____
- 4.9 Circulation of Children's Other Materials _____
- 4.10 Circulation of Electronic Materials _____
- 4.11 **Total Circulation of Other Materials (Total questions 4.8, 4.9 & 4.10)** _____
- 4.12 **Grand Total Circulation Transactions (Total questions 4.7 & 4.11)** _____
- 4.13 **Grand Total Circulation of Children's Materials (Total questions 4.6 & 4.9)** _____

REFERENCE TRANSACTIONS

- 4.14 Total Reference Transactions _____
- 4.15 Does the library offer virtual reference? _____

INTERLIBRARY LOAN - MATERIALS RECEIVED (BORROWED)

- 4.16 TOTAL MATERIALS RECEIVED _____

INTERLIBRARY LOAN - MATERIALS PROVIDED (LOANED)

- 4.17 TOTAL MATERIALS PROVIDED _____

5. TECHNOLOGY AND TELECOMMUNICATIONS

Report all information as of December 31, 2015.

SYSTEMS AND SERVICES

- 5.1 Automated circulation system? _____
- 5.2 Online public access catalog (OPAC)? _____
- 5.3 Electronic access to the OPAC from outside the library? _____
- 5.4 Annual number of visits to the library's web site _____
- 5.5 Does the library use Internet filtering software on any computer? _____
- 5.6 Number of uses (sessions) of public Internet computers per year _____
- 5.7 Name of the person responsible for the library's Information Technology (IT) services _____
- 5.8 IT contact's telephone number (enter 10 digits only and hit the Tab key) _____
- 5.9 IT contact's email address _____

6. STAFF INFORMATION

Note: Report figures as of the last day of the fiscal year reported in Part 1. Include the FTE for all positions funded in the library's budget whether those positions are filled or not. This report requires conversion of part-time hours to full-time equivalents (FTE). To compute the FTE of employees in any category, take the total number of hours worked per week for all budgeted positions in that category and divide that total by the number of hours per week the library considers to be full-time. Report the FTE to two decimal places.

FTE (FULL-TIME EQUIVALENT CALCULATION)

- 6.1 The number of hours per workweek used to compute FTE for all paid library personnel in this section. _____

BUDGETED POSITIONS IN FULL-TIME EQUIVALENTS

- 6.2 Library Director (certified) _____
- 6.3 Vacant Library Director (certified) _____
- 6.4 Librarian (certified) _____
- 6.5 Vacant Librarian (certified) _____
- 6.6 Library Manager (not certified) _____
- 6.7 Vacant Library Manager (not certified) _____
- 6.8 Library Specialist/Paraprofessional (not certified) _____

- 6.9 Vacant Library Specialist/Paraprofessional (not certified) _____
- 6.10 Other Staff _____
- 6.11 Vacant Other Staff _____
- 6.12 **TOTAL PAID STAFF (Total questions 6.2, 6.4, 6.6, 6.8 & 6.10)** _____
- 6.13 **VACANT TOTAL PAID STAFF (Total questions 6.3, 6.5, 6.7, 6.9 & 6.11)** _____

SALARY INFORMATION

- 6.14 FTE - Entry Level Librarian (certified) _____
- 6.15 Salary - Entry Level Librarian (certified) _____
- 6.16 FTE - Library Director (certified) _____
- 6.17 Salary - Library Director (certified) _____
- 6.18 FTE - Library Manager (not certified) _____
- 6.19 Salary - Library Manager (not certified) _____

7. MINIMUM PUBLIC LIBRARY STANDARDS

Report all information as of December 31, 2015. Please click [here](#) to read general instructions before completing this section.

- 7.1 1. Is governed by board-approved written bylaws which outline the responsibilities and procedures of the library board of trustees. _____
- 7.2 2. Has a board-approved written long range plan of service. _____
- 7.3 3. Presents a board-approved annual report to the community on the library's progress in meeting its goals and objectives. _____
- 7.4 4. Has board-approved written policies for the operation of the library. _____
- 7.5 5. Presents annually to appropriate funding agencies a written board-approved budget which would enable the library to meet or exceed these standards and to carry out its long-range plan of service. _____
- 7.6 6. Periodically evaluates the effectiveness of the library's collection and services in meeting community needs. _____
- 7.7 7. Is open the minimum standard number of public service hours for population served. (see instructions) _____
- 8. Maintains a facility to meet community needs, including adequate:
 - 7.8 8a. space _____
 - 7.9 8b. lighting _____
 - 7.10 8c. shelving _____
 - 7.11 8d. seating _____
 - 7.12 8e. restroom (see instructions) _____
- 9. Provides equipment and connections to meet community needs and provide access to other library catalogs and other electronic information, including but not limited to the following:
 - 7.13 9a. telephone _____
 - 7.14 9b. photocopier (see instructions) _____
 - 7.15 9c. microcomputer or terminal _____
 - 7.16 9d. printer _____
 - 7.17 9e. Fax capability (see instructions) _____
- 7.18 10. Distributes board-approved printed information listing the library's hours open, borrowing rules, services, location and phone number. _____
- 7.19 11. Employs a paid director in accordance with the provisions of Commissioner's Regulation 90.8. _____

8. PUBLIC SERVICE INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click [here](#) to read general instructions before completing this section.

PUBLIC SERVICE OUTLETS - Libraries reporting main libraries, branches and bookmobiles should complete Service Outlets Information in Part 9.

- 8.1 Main Library _____
- 8.2 Branches _____
- 8.3 Bookmobiles _____
- 8.4 Other Outlets _____
- 8.5 **TOTAL PUBLIC SERVICE OUTLETS (Total questions 8.1 - 8.4)** _____

PUBLIC SERVICE HOURS - Report hours to two decimal places.

- 8.6 Minimum Weekly Total Hours - Main Library _____
- 8.7 Minimum Weekly Total Hours - Branch Libraries _____
- 8.8 Minimum Weekly Total Hours - Bookmobiles _____
- 8.9 **Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8)** _____
- 8.10 Annual Total Hours - Main Library _____
- 8.11 Annual Total Hours - Branch Libraries _____
- 8.12 Annual Total Hours - Bookmobiles _____
- 8.13 **Annual Hours Open - Total Hours Open (Total questions 8.10 through 8.12)** _____

9. SERVICE OUTLET INFORMATION

NOTE: Libraries reporting Public Service Outlets in questions 8.1, 8.2 and 8.3 of Part 8 are required to complete this part of the Annual Report. Use this section to enter outlet information on main libraries, branches or bookmobiles. Complete one record for *each* main library, branch or bookmobile.

- 1. Outlet Name _____
- 2. Outlet Name Status _____
- 3. Street Address _____
- 4. Outlet Street Address Status _____
- 5. City _____
- 6. Zip Code _____
- 7. Phone (enter 10 digits only) _____
- 8. Fax Number (enter 10 digits only) _____
- 9. E-mail Address _____
- 10. Outlet URL _____
- 11. County _____
- 12. School District _____
- 13. Library System _____
- 14. Outlet Type Code (select one): _____
- 15. Public Service Hours Per Year for This Outlet _____
- 16. Number of Weeks This Outlet is Open _____
- 17. Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)? _____
- 18. Is the meeting space available for public use even when the outlet is closed? _____

19. Total number of non-library sponsored programs, meetings and/or events at this outlet _____
20. Enter the appropriate outlet code (select one): _____
21. Who owns this outlet building? _____
22. Who owns the land on which this outlet is built? _____
23. Indicate the year this outlet was initially constructed _____
24. Indicate the year this outlet underwent a major renovation costing \$25,000 or more _____
25. Square footage of the outlet _____
26. Total number of Internet terminals at this outlet used by the general public _____
27. Type of connection on the outlet's public Internet computers _____
28. Maximum download speed of connection on the outlet's public Internet computers _____
29. Maximum upload speed of connection on the outlet's public Internet computers _____
30. Internet Provider _____
31. WiFi Access _____
32. Number of wireless sessions provided by the library wireless service per year _____
33. Does the outlet have interactive videoconferencing capability for public use? _____
34. Does the outlet have a building entrance that is physically accessible to a person in a wheelchair? _____
35. Is every public part of the outlet accessible to a person in a wheelchair? _____
36. *LIBID* _____
37. *FSCSID* _____
38. *Number of Bookmobiles in the Bookmobile Outlet Record* _____
39. *Outlet Structure Status* _____

10. OFFICERS AND TRUSTEES

Report information about trustee meetings as of December 31, 2015. All public and association libraries are required by Education Law to hold at least four meetings a year.

BOARD MEETINGS

- 10.1 Total number of board meetings held during calendar year (January 1, 2015 to December 31, 2015) _____
- 10.2 Number of voting library board positions stated in the library's charter. _____
- 10.3 Number of current voting positions on library board. _____
- 10.4 Trustee term length _____

BOARD MEMBER SELECTION

- 10.5 Enter Board Member Selection Code (select one): _____

List Officers and Board Members as of February 1, 2016. Complete one record for each board member. There must be a record for each voting position, whether filled or vacant. Do not include non-voting positions.

BOARD PRESIDENT

- 10.6 Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), or Vacant _____
- 10.7 First Name _____

- 10.8 Last Name _____
- 10.9 Mailing Address _____
- 10.10 City _____
- 10.11 Zip Code (5 digits only) _____
- 10.12 Phone (enter 10 digits only) _____
- 10.13 E-mail Address _____
- 10.14 Term Begins - Month _____
- 10.15 Term Begins - Year (yyyy) _____
- 10.16 Term Expires - Month _____
- 10.17 Term Expires - Year (yyyy) _____
- 10.18 The date the Oath of Office was taken (mm/dd/yyyy) _____
- 10.19 The date the Oath of Office was filed with town or county clerk
(mm/dd/yyyy) _____
- 10.20 Is this a brand new trustee? _____
- 1. Title of Board Member (select one): _____
- 2. First Name of Board Member _____
- 3. Last Name of Board Member _____
- 4. Mailing Address _____
- 5. City _____
- 6. Zip Code (5 digits only) _____
- 7. E-mail address _____
- 8. Office Held or Trustee _____
- 9. Term Begins - Month _____
- 10. Term Begins - Year (year) _____
- 11. Term Expires _____
- 12. Term Expires - Year (yyyy) _____
- 13. The date the Oath of Office (mm/dd/yyyy) was taken _____
- 14. The date the Oath of Office was filed with town or county clerk
(mm/dd/yyyy) _____
- 15. Is this a brand new trustee? _____

11. OPERATING FUNDS RECEIPTS

Report financial data based on the fiscal reporting year reported in Part 1. *ROUND TO THE NEAREST DOLLAR*. Please click [here](#) to read general instructions before completing this section.

LOCAL PUBLIC FUNDS

Specify by name the municipalities or districts which are the source of funds.

- 11.1 Does the library receive any local public funds? If yes, complete one record for each funding source; if no, go to question 11.3. _____
- 1. Source of Funds _____
- 2. Name of funding County, Municipality or District _____
- 3. Amount _____
- 4. Subject to public vote held in reporting year or in a previous reporting year(s). _____
- 5. Written Contractual Agreement _____

11.2 TOTAL LOCAL PUBLIC FUNDS _____

SYSTEM CASH GRANTS TO MEMBER LIBRARY

- 11.3 Local Library Services Aid (LLSA) _____

- 11.4 Central Library Aid (CLDA and/or CBA) _____
- 11.5 Additional State Aid received from the System _____
- 11.6 Federal Aid received from the System _____
- 11.7 Other Cash Grants _____
- 11.8 **TOTAL SYSTEM CASH GRANTS** (Add Questions 11.3, 11.4, 11.5, 11.6 and 11.7) _____

OTHER STATE AID

- 11.9 State Aid other than LLSA, Central Library Aid (CLDA and/or CBA), or other State Aid reported as system cash grants _____

FEDERAL AID FOR LIBRARY OPERATION

- 11.10 LSTA _____
- 11.11 Other Federal Aid _____
- 11.12 **TOTAL FEDERAL AID** (Add Questions 11.10 and 11.11) _____

11.13 CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE _____

OTHER RECEIPTS

- 11.14 Gifts and Endowments _____
- 11.15 Fund Raising _____
- 11.16 Income from Investments _____
- 11.17 Library Charges _____
- 11.18 Other _____
- 11.19 **TOTAL OTHER RECEIPTS** (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18) _____
- 11.20 **TOTAL OPERATING FUND RECEIPTS** (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19) _____

11.21 BUDGET LOANS _____

TRANSFERS

- 11.22 From Capital Fund (Same as Question 14.8) _____
- 11.23 From Other Funds _____
- 11.24 **TOTAL TRANSFERS** (Add Questions 11.22 and 11.23) _____

11.25 BALANCE IN OPERATING FUND - Beginning Balance for Fiscal Year Ending 2015 (Same as Question 12.40 of previous year if fiscal year has not changed) _____

11.26 **GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS AND BALANCE** (Add Questions 11.20, 11.21, 11.24 and 11.25; Same as Question 12.41) _____

12. OPERATING FUND DISBURSEMENTS

STAFF EXPENDITURES

Salaries & Wages Paid from Library Funds

Please click [here](#) to read general instructions before completing this section.

- 12.1 Certified Librarians _____
- 12.2 Other Staff _____
- 12.3 **Total Salaries & Wages Expenditures** (Add Questions 12.1 and 12.2) _____
- 12.4 **Employee Benefits Expenditures** _____
- 12.5 **Total Staff Expenditures** (Add Questions 12.3 and 12.4) _____

COLLECTION EXPENDITURES

- 12.6 Print Materials Expenditures _____
- 12.7 Electronic Materials Expenditures _____
- 12.8 Other Materials Expenditures _____
- 12.9 **Total Collection Expenditures** (Add Questions 12.6, 12.7 and 12.8) _____

CAPITAL EXPENDITURES FROM OPERATING FUNDS

- 12.10 From Local Public Funds (71PF) _____
- 12.11 From Other Funds (71OF) _____
- 12.12 **Total Capital Expenditures** (Add Questions 12.10 and 12.11) _____

OPERATION AND MAINTENANCE OF BUILDINGS

Repairs to Building & Building Equipment

- 12.13 From Local Public Funds (72PF) _____
- 12.14 From Other Funds (72OF) _____
- 12.15 **Total Repairs** (Add Questions 12.13 and 12.14) _____
- 12.16 Other Disbursements for Operation & Maintenance of Buildings _____
- 12.17 **Total Operation & Maintenance of Buildings** (Add Questions 12.15 and 12.16) _____

MISCELLANEOUS EXPENSES

- 12.18 Office and Library Supplies _____
- 12.19 Telecommunications _____
- 12.20 Binding Expenses _____
- 12.21 Postage and Freight _____
- 12.22 Professional & Consultant Fees _____
- 12.23 Equipment _____
- 12.24 Other Miscellaneous _____
- 12.25 **Total Miscellaneous Expenses** (Add Questions 12.18, 12.19, 12.20, 12.21, 12.22, 12.23 and 12.24) _____

12.26 CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE _____

DEBT SERVICE

Capital Purposes Loans (Principal and Interest)

- 12.27 From Local Public Funds (73PF) _____
- 12.28 From Other Funds (73OF) _____
- 12.29 **Total** (Add Questions 12.27 and 12.28) _____
- 12.30 Budget Loans (Principal and Interest) _____
- 12.31 Short-Term Loans _____
- 12.32 **Total Debt Service** (Add Questions 12.29, 12.30 and 12.31) _____
- 12.33 **TOTAL OPERATING FUND DISBURSEMENTS** (Add Questions 12.5, 12.9, 12.12, 12.17, 12.25, 12.26 and 12.32) _____

TRANSFERS

Transfers to Capital Fund

- 12.34 From Local Public Funds (76PF) _____
- 12.35 From Other Funds (76OF) _____
- 12.36 **Total Transfers to Capital Fund** (Add Questions 12.34 and 12.35; same as Question 13.8) _____
- 12.37 **Transfer to Other Funds** _____

- 12.38 **TOTAL TRANSFERS** (Add Questions 12.36 and 12.37) _____
- 12.39 **TOTAL DISBURSEMENTS AND TRANSFERS** (Add Questions 12.33 and 12.38) _____
- 12.40 BALANCE IN OPERATING FUND - Ending Balance for the Fiscal Year Ending 2015 _____
- 12.41 **GRAND TOTAL DISBURSEMENTS, TRANSFERS & BALANCE** (Add Questions 12.39 and 12.40; same as Question 11.26) _____

ASSURANCE

- 12.42 The Library operated in accordance with all provisions of Education Law and the Regulations of the Commissioner, and assures that the "Annual Report" was reviewed and accepted by the Library Board on (date - mm/dd/yyyy). _____

FISCAL AUDIT

- 12.43 Last audit performed (mm/dd/yyyy) _____
- 12.44 Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) _____
- 12.45 Indicate type of audit (select one): _____

CAPITAL FUND

- 12.46 Does the library have a Capital Fund? Enter Y for Yes, N for No. If No, stop here. If Yes, complete the Capital Fund Report. _____

13. CAPITAL FUND RECEIPTS

Report financial data based on the fiscal year reported in Part 1. *ROUND TO THE NEAREST DOLLAR.* Please click [here](#) to read general instructions before completing this section.

REVENUES FROM LOCAL SOURCES

- 13.1 Revenues from Local Government Sources _____
- 13.2 All Other Revenues from Local Sources _____
- 13.3 **Total Revenues from Local Sources** (Add Questions 13.1 and 13.2) _____

STATE AID FOR CAPITAL PROJECTS

- 13.4 State Aid Received for Construction _____
- 13.5 Other State Aid _____
- 13.6 **Total State Aid** (Add Questions 13.4 and 13.5) _____

FEDERAL AID FOR CAPITAL PROJECTS

- 13.7 **TOTAL FEDERAL AID** _____

INTERFUND REVENUE

- 13.8 Transfer from Operating Fund (Same as Question 12.36) _____
- 13.9 **TOTAL REVENUES** (Add Questions 13.3, 13.6, 13.7 and 13.8) _____

NON-REVENUE RECEIPTS

- 13.11 **TOTAL CASH RECEIPTS** (Add Questions 13.9 and 13.10) _____
- 13.12 BALANCE IN CAPITAL FUND - Beginning Balance for Fiscal Year Ending 2015 (Same as Question 14.11 of previous year, if fiscal year has not changed) _____

- 13.13 **TOTAL CASH RECEIPTS AND BALANCE**(Add Questions 13.11 and 13.12; same as Question 14.12) _____

14. CAPITAL FUND DISBURSEMENTS

PROJECT EXPENDITURES

Please click [here](#) to read general instructions before completing this section.

- 14.1 Construction _____
- 14.2 Incidental Construction _____
- Other Disbursements**
- 14.3 Purchase of Buildings _____
- 14.4 Interest _____
- 14.5 Collection Expenditures _____
- 14.6 Total Other Disbursements (Add Questions 14.3, 14.4 and 14.5) _____
- 14.7 **TOTAL PROJECT EXPENDITURES** (Add Questions 14.1, 14.2 and 14.6) _____
- 14.8 **TRANSFER TO OPERATING FUND** (Same as Question 11.22) _____
- 14.9 **NON-PROJECT EXPENDITURES** _____
- 14.10 **TOTAL CASH DISBURSEMENTS AND TRANSFERS** (Add Questions 14.7, 14.8 and 14.9) _____
- 14.11 **BALANCE IN CAPITAL FUND** - Ending Balance for the Fiscal Year Ending 2015 _____
- 14.12 **TOTAL CASH DISBURSEMENTS AND BALANCE** (Add Questions 14.10 and 14.11; same as Question 13.13) _____

15. CENTRAL LIBRARIES

PART 15 EXISTS FOR THE CENTRAL/CO-CENTRAL LIBRARIES ONLY. PLEASE PROCEED TO SECTION 16. FEDERAL TOTALS AND CONTINUE ON WITH YOUR SURVEY

15. CENTRAL LIBRARIES

CENTRAL BOOK AID (CBA)

Statutory Education Law § 272, 273(1)(b)(2)

Reference: Commissioners Regulations 90.4

Central Book Aid is a flat sum of \$71,500 to each public library system. The fiscal year for Central Book Aid is the calendar year. Please see the Central Library Program Guidelines at <http://www.nysl.nysed.gov/libdev/clda/index.html> for more information.

Include in this category library expenditures for CBA library materials. CBA funds may only be expended for adult non-fiction and foreign language library materials, including electronic content.

- 15.1.1 **Purchased Services:** Did the central/co-central library expend CBA funds for purchased services for CBA library materials? Enter Y for _____
Yes, N for No.

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements.

List services purchased with CBA funds in separate repeating groups, itemizing by vendor contract. If yes, complete one record for each allowable expenditure; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

- 1. Expenditure Category _____
- 2. Provider of Services _____
- 3. Expenditure _____
- 15.1.2 **Total Expenditure - Purchased Services** _____
- 15.1.3 **Supplies and Materials:** Did the central/co-central library expend CBA funds for adult non-fiction and foreign language library materials? Enter Y for Yes, N for No. _____

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements.

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

- 1. Expenditure Category _____
- 2. Quantity _____
- 3. Unit Cost _____
- 4. Expenditure _____
- 15.1.4 **Total Expenditure - Supplies and Materials** _____
- 15.1.5 **Total Expenditure (total 15.1.2 and 15.1.4)** _____
- 15.1.6 **Cash Balance at the Opening of the Current Fiscal Year**
NOTE: The opening balance must be the same as the closing balance of the previous year. _____
- 15.1.7 **Total Allocation received from the system.** _____
- 15.1.8 **Cash Balance at the End of the Current Fiscal Year (total 15.1.7 - 15.1.5 + 15.1.6)** _____
- 15.1.9 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. _____

CENTRAL LIBRARY DEVELOPMENT AID (CLDA)

Statutory Education Law § 272, 273(1)(b)(1)
Reference: Commissioners Regulations 90.4
 The formula is \$0.32 per capita or \$105,000 whichever is greater, to each public library system. Please see the Central Library Program Guidelines at <http://www.nysl.nysed.gov/libdev/clda/index.html> for more information. Note: CLDA funds which are expended for library materials must be used for adult non-fiction and foreign language, including electronic content. The fiscal year for Central Library Development Aid (CLDA) is the calendar year.

15.2.1 - 15.2.2 **Professional Salaries:** Indicate total FTE and salaries for all professional central/co-central library employees (paid from CLDA funds).

- 15.2.1 Total Full-Time Equivalents (FTE) _____
- 15.2.2 Total Expenditure for Professional Salaries _____

15.2.3 - 15.2.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other central/co-central library employees (paid from CLDA funds).

- 15.2.3 Total Full-Time Equivalents (FTE) _____
- 15.2.4 Total Expenditures for Other Staff Salaries _____

15.2.5 **Employee Benefits:** Indicate the total expenditures for all central/co-central library employee benefits (paid from CLDA funds). _____

15.2.6 **Purchased Services:** Did the central/co-central library expend CLDA funds for purchased services? Enter Y for Yes, N for No. _____

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements.

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

1. Expenditure Category _____

2. Provider of Services _____

3. Expenditure _____

15.2.7 **Total Expenditure - Purchased Services** _____

15.2.8 **Supplies and Materials:** Did the central/co-central library expend funds for supply items, postage, adult nonfiction and foreign language library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No. _____

Note: For questions which include a choice of "Other" in a drop-down menu, please add a State Note of explanation when "Other" is chosen. Also please see individual instructions for these questions for any further requirements.

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

1. Expenditure Category _____

2. Expenditure _____

15.2.9 **Total Expenditure - Supplies and Materials** _____

15.2.10 **Travel Expenditures:** Did the central/co-central library expend funds for travel? Enter Y for Yes, N for No. _____

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

1. Type of travel _____

2. Expenditure _____

15.2.11 **Total Expenditures - Travel** _____

15.2.12 **Equipment and Furnishings:** Did the central/co-central library expend funds for equipment and furnishings with a unit cost of \$5,000 or more and having a useful life of more than one year? Enter Y for Yes, N for No. _____

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

1. Type of item _____

2. Quantity _____

3. Unit cost _____

4. Expenditure _____

15.2.13 **Total Expenditure - Equipment and Furnishings** _____

15.2.14 **Total Expenditure (total 15.2.2, 15.2.4, 15.2.5, 15.2.7, 15.2.9, 15.2.11 and 15.2.13)** _____

15.2.15 **Cash Balance at the Opening of the Fiscal Year**
NOTE: The opening balance must be the same as the closing balance of the previous year. _____

- 15.2.16 **Total Allocation received from the system:** _____
- 15.2.17 **Cash Balance at the end of the Current Fiscal Year (total 15.2.16 - 15.2.14 + 15.2.15)** _____
- 15.2.18 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. _____

16. FEDERAL TOTALS

All questions in Part 16 are calculated, locked fields.

Note: See instructions for definitions and calculations of each of these Federal Totals.

- 16.1 **Total ALA-MLS** _____
- 16.2 **Total Librarians** _____
- 16.3 **All Other Paid Staff** _____
- 16.4 **Total Paid Employees** _____
- 16.5 **State Government Revenue** _____
- 16.6 **Federal Government Revenue** _____
- 16.7 **Other Operating Revenue** _____
- 16.8 **Total Operating Revenue** _____
- 16.9 **Other Operating Expenditures** _____
- 16.10 **Total Operating Expenditures** _____
- 16.11 **Total Capital Expenditures** _____
- 16.12 **Print Materials** _____
- 16.13 **Total Registered Borrowers** _____
- 16.14 **Other Capital Revenue and Receipts** _____
- 16.15 **Total Number of Internet Terminals Used by the General Public** _____

17. FOR NEW YORK STATE LIBRARY USE ONLY

- 17.1 *LIB ID* _____
- 17.2 *Interlibrary Relationship Code* _____
- 17.3 *Legal Basis Code* _____
- 17.4 *Administrative Structure Code* _____
- 17.5 *FSCS Public Library Definition* _____
- 17.6 *Geographic Code* _____
- 17.7 *FSCS ID* _____
- 17.8 *SED CODE* _____

SUGGESTED IMPROVEMENTS

- Library Name: _____
- Library System: _____
- Name of Person Completing Form: _____
- Phone Number: _____

Please share with us your suggestions for improving the *Annual Report*. When providing feedback, if applicable please indicate the question number each comment/suggestion refers to. Thank you! _____