George P. & Susan Platt Cady Library Annual Report For Public And Association Libraries - 2017

1. GENERAL LIBRARY INFORMATION

Please note: Bibliostat Collect is best viewed using Internet Explorer 6.0 or higher or Firefox 1.5 or higher. When using Internet Explorer 10 or higher, Compatibility View needs to be enabled (this can be found under the Tools menu).

Please note: No version of the Google Chrome browser can be used to access Collect at this time. Use of this browser can result in data loss even if the report is locked. The Microsoft Edge browser cannot be used.

Report all information in Part 1 as of December 31, 2017, except for questions related to the current library director/manager (questions 1.36 through 1.41).

1.1	Library ID Number	2400604550
1.2	Library Name	GEORGE P. & SUSAN PLATT CADY LIBRARY
1.3	Name Status (State use only)	00 (for no change from previous year)
1.4	Structure Status (State use only)	00 (for no change from previous year)
1.5	Community	Nichols
1.6	Beginning Fiscal Reporting Year	01/01/2017
1.7	Ending Fiscal Reporting Year	12/31/2017
1.8	Is the library now reporting on a different fiscal year than it reported on in the previous Annual Report?	No
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.	N/A
1.10	Please indicate the ending date of library's new reporting year. Enter N/A if No was answered to Question 1.8.	N/A
1.11	Beginning Local Fiscal Year	01/01/2017
1.12	Ending Local Fiscal Year	12/31/2017
1.13	Address Status	00 (for no change from previous year)
1.14	Street Address	42 RIVER STREET
1.15	City	NICHOLS
1.16	Zip Code	13812
1.17	Mailing Address	P.O. BOX 70
1.18	City	NICHOLS
1.19	Zip Code	13812
1.20	Telephone Number (enter 10 digits only and hit the Tab key; enter N/A if no telephone number)	(607) 699-3835
1.21	Fax Number (enter 10 digits only and hit the Tab key; enter N/A if no fax number)	(607) 699-3835
1.22	E-Mail Address to Contact the Library (Enter N/A if no e-mail address)	clibrary3@stny.rr.com
1.23	Library Home Page URL (Enter N/A if no home page URL)	www.cadylibrary.org
1.24	Population Chartered to Serve (per 2010 Census)	2,525
1.25	Indicate the type of library as stated in the library's charter (select one):	PUBLIC
1.26	Indicate the area chartered to serve as stated in the library's charter (select one):	Town

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.	N
1.28	Indicate the type of charter the library currently holds (select one):	Absolute
1.29	Date the library was granted its absolute charter <u>or</u> the date of the provisional charter if the library does not have an absolute charter	06/20/1941
1.30	Date the library was last registered	12/24/1981
1.31	Federal Employer Identification Number	156001066
1.32	County	TIOGA
1.33	School District	Tioga Central Schools
1.34	Town/City	Nichols
1.35	Library System	Finger Lakes Library System
	SE QUESTIONS ARE FOR NYC LIBRARIES ONLY. PLEASE PROC STION.	•
•	President/CEO Name	
1.36b	President/CEO Phone Number	
1.36c	President/CEO Email	
NOTE	E: For questions 1.37 through 1.45, report all information for the <u>current</u> libr	ary director/manager.
1.37	Title of Library Director/ Manager (select one):	Ms.
1.38	First Name of Library Director/Manager	Corinne
1.39	Last Name of Library Director/Manager	Moshier
1.40	NYS Public Librarian Certification Number	N/A
1.41	What is the highest education level of the library manager/director?	Master's Degree
1.42	If the library manager/director holds a Master's Degree, is it a Master's Degree in Library/Information Science?	N
1.43	Do all staff working in the budgeted Librarian (certified) positions reported in 6.4 have an active NYS Public Librarian Certificate? If No, list the name and e-mail address of each staff member without an active certificate in a Note.	N/A
1.44	E-mail Address of the Director/Manager	clibrary3@stny.rr.com
1.45	Fax Number of the Director/Manager	(607) 699-3835
1.46	Is the library a member of the New York State and Local Retirement System?	Y
1.47	Does the library charge fees for library cards to people residing outside the system's service area?	N
1.48	Was all or part of the library's funding subject to a public vote(s) held during Calendar Year 2017? (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 1.49.	N
1.	Name of municipality or district holding the public vote	N/A
2.	Indicate the type of municipality or district holding the public vote	N/A
3.	Date the vote was held (mm/dd/2017)	N/A
4.	Was the vote successful? Y/N	N/A
5.	What type of public vote was it?	N/A
6a.	Most recent prior year approved appropriation from a public vote:	N/A
6b.	Proposed increase in appropriation as a result of the vote held on the date reported in question number 3:	N/A
6c.	Total proposed appropriation (sum of 6a and 6b):	N/A
This o	question should only be answered if "No" was answered in O1.48 OR th	e library has votes from

different municipalities/districts that were held in different years, both current and prior.

Did the library receive funding from an appropriation which was

1.47	approved by public vote in a prior year? (Prior to Calendar Year 2017) Enter Y for Yes, N for No. If Yes, complete one record for the vote from each funding source. If No, go to question 1.50.	Y
1.	Name of municipality or district holding the public vote	Tioga Central
2.	Indicate the type of municipality or district holding the public vote	School District
3.	Date the last successful vote was held (mm/dd/yyyy)	05/16/14
4.	What type of public vote was it?	school district ballot proposition (Ed. Law §259(1)(a))
5.	What was the total dollar amount of the appropriation from tax dollars resulting from the last successful vote?	\$4,000
1.50	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 <i>each</i> contract. If no, go to question 1.51.	N
1.	Name of contracting municipality or district	N/A
2.	Is this a written contractual agreement?	N/A
3.	Population of the geographic area served by this contract	N/A
4.	Dollar amount of contract	N/A

1.51 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 Note; if no, please go to Part 2, Library Collection.

Enter the appropriate code for range of services provided (select one):

2. LIBRARY COLLECTION

Report holdings, additions, and subscriptions as of the end of the fiscal year reported in Part 1. Please click <u>here</u> to read general instructions before completing this section.

N/A

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

It does not cover all materials (i.e., microforms, loose sheet music, 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. Count electronic materials at the administrative entity level; do not duplicate numbers at each branch.

PRINT MATERIALS

Cataloged Books

5.

	8	
2.1	Adult Fiction Books	4,204
2.2	Adult Non-fiction Books	2,439
2.3	Total Adult Books (Total questions 2.1 & 2.2)	6,643
2.4	Children's Fiction Books	3,933
2.5	Children's Non-fiction Books	1,365
2.6	Total Children's Books (Total questions 2.4 & 2.5)	5,298
2.7	Total Cataloged Books (Total questions 2.3 & 2.6)	11,941

2.8	Total Uncataloged Books	4,000
2.9	Total Print Serials	252
2.10	All Other Print Materials	0
2.11	Total Other Print Materials (Total questions 2.8 through 2.10)	4,252
2.12	Total Print Materials (Total questions 2.7 and 2.11)	16,193
ALL (OTHER MATERIALS	
Electr	onic Materials	
2.13	Electronic Books	9,895
2.14	Local Electronic Collections	0
2.15	NOVELNY Electronic Collections	16
2.16	Total Electronic Collections (Total questions 2.14 and 2.15)	16
2.17	Audio - Downloadable Units	4,412
2.18	Video - Downloadable Units	29
2.19	Other Electronic Materials (Include items that are not included in the above categories, such as e-serials; electronic files; collections of digital photographs; and electronic government documents, reference tools, scores and maps.)	0
2.20	Total Electronic Materials (Total questions 2.13, 2.16, 2.17, 2.18 and 2.19)	14,352
Non-E	Electronic Materials	
2.21	Audio - Physical Units	326
2.22	Video - Physical Units	719
2.23	Other Non-Electronic Materials (includes films, slides, etc.)	31
2.24	Total Other Materials Holdings (Total questions 2.21 through 2.23)	1,076
2.25	GRAND TOTAL HOLDINGS (Total questions 2.12, 2.20 and 2.24)	31,621
CURF	RENT SERIAL SUBSCRIPTIONS	
2.26	Current Print Serial Subscriptions	17
ADDI	TIONS TO HOLDINGS - Do <u>not</u> subtract withdrawals or discards.	
2.27	Cataloged Books	257
2.28	All Other Print Materials	139
2.29	Electronic Materials	187
2.30	All Other Materials	51
2.31	Total Additions (Total questions 2.27 through 2.30)	634

3. LIBRARY PROGRAMS, POLICIES, AND SERVICES

Report all information on questions 3.1 through 3.28 as of the end of the <u>fiscal</u> year reported in Part 1; report information on questions 3.29 through 3.80 for the 2017 <u>calendar</u> year. Please click <u>here</u> 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

Other Print Materials

3.1	Library visits (total annual attendance)		6,248
3.2	Registered resident borrowers		512
3.3	Registered non-resident borrowers		192
DI	" C " WDITTEN DOLIGIEG	C 10/21/17	

Please report information on WRITTEN POLICIES as of 12/31/17.

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

3.4	Does the library have an open meeting policy?	Y
3.5	Does the library have a policy protecting the confidentiality of library records?	Y
3.6	Does the library have an Internet use policy?	Y
3.7	Does the library have a disaster plan?	Y
3.8	Does the library have a board-approved conflict of interest policy?	Y
3.9	Does the library have a board-approved whistle blower policy?	Y
Please	report information on ACCESSIBILITY as of 12/31/17.	
ACCI	ESSIBILITY (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.)?	Y
3.11	Does the library have assistive devices for persons who are deaf and hearing impaired (TTY/TDD)?	N
3.12	Does the library have large print books?	Y
3.13	Does the library have assistive technology for the blind and visually impaired?	N
3.14 -	If so, what do you have?	
	screen reader, such as JAWS or Windoweyes	No
	refreshable Braille keyboard	No
	screen magnification software, such as Zoomtext	No
	electronic scanning and reading software, such as OpenBook	No
3.15	Is the library registered for services from either the New York State Talking Book and Braille Library (New York State Library, Albany) or the Andrew Heiskell Braille and Talking Book Library (The New York Public Library, New York)?	N
Please	report information on LIBRARY SPONSORED PROGRAMS as of the en	d of t

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

LIBRARY SPONSORED PROGRAMS

3.16	Adult Program Sessions	42
3.17	Young Adult Program Sessions	9
3.18	Children's Program Sessions	11
3.19	All Other Program Sessions	0
3.20	Total Number of Program Sessions (Total questions 3.16 through 3.19)	62
3.21	One-on-One Program Sessions	15
3.22	Do library staff, trustees and/or volunteers reach outside of the library to promote library programs and services through group presentations, information tables and/or other similar educational activities sponsored by the Library?	Yes
3.23	Adult Program Attendance	294
3.24	Young Adult Program Attendance	49
3.25	Children's Program Attendance	211
3.26	All Other Program Attendance	0
3.27	Total Program Attendance (Total questions 3.23 through 3.26)	554
3.28	One-on-One Program Attendance	15
D1	CLEAR THE DELADRIC PROCESSING C. 4. 2017	

Please report information on SUMMER READING PROGRAMS for the 2017 calendar year.

SUMMER READING PROGRAM

3.29 - Indicate which of the following apply to the summer reading program(s) offered by the library during the summer of 2017 (check all that apply):

a.	Program(s) for children	Yes
b.	Program(s) for young adults	Yes
c.	Program(s) for Adults	Yes
d.	Summer Reading at New York Libraries name and/or logo used	Yes
e.	Collaborative Summer Library Program (CSLP Manual, provided through the New York State Library, used)	Yes
f.	N/A	No
3.30	Library outlets offering a summer reading program	0
3.31	Children registered for the library's summer reading program	91
3.32	Young adults registered for the library's summer reading program	9
3.33	Adults registered for the library's summer reading program	12
3.34	Total number registered for the library's summer reading program (total $3.31 + 3.32 + 3.33$)	112
3.35	Children's program sessions - Summer 2017	0
3.36	Young adult program sessions - Summer 2017	1
3.37	Adult program sessions - Summer 2017	1
3.38	Total program sessions - Summer 2017 (total $3.35 + 3.36 + 3.37$)	2
3.39	Children's program attendance - Summer 2017	587
3.40	Young adult program attendance - Summer 2017	28
3.41	Adult program attendance - Summer 2017	33
3.42	Total program attendance - Summer 2017 (total $3.39 + 3.40 + 3.41$)	648
COLL	ABORATORS	
3.43	Public school district(s) and/or BOCES	0
3.44	Non-public school(s)	0
3.45	Childcare center(s)	0
3.46	Summer camp(s)	1
3.47	Municipality/Municipalities	0
3.48	Literacy provider(s)	1
3.49	Other (describe using the State note)	0
3.50	Total Collaborators (total 3.43 through 3.49)	2

Please report information on EARLY LITERACY PROGRAMS for the 2017 calendar year.

EARLY LITERACY PROGRAMS

3.51	Did the library offer early literacy programs? (Enter Y for Yes, N for No)	N
3.52 -	Indicate types of programs offered (check all that apply)	
a.	Focus on birth - school entry (kindergarten)	No
b.	Focus on parents & caregivers	Yes
c.	Combined audience	Yes
d.	N/A	No
3.53 -	Number of sessions	
a.	Focus on birth - school entry (kindergarten)	0
b.	Focus on parents & caregivers	0
c.	Combined audience	0

N/A	0		
Total Sessions	0		
Attendance at sessions			
Focus on birth - school entry (kindergarten)	0		
Focus on parents & caregivers	0		
Combined audience	0		
N/A	0		
Total Attendance	0		
3.57 - Collaborators (check all that apply):			
Childcare center(s)	Yes		
Public School District(s) and/or BOCES	No		
Non-Public School(s)	Yes		
Health care providers/agencies	Yes		
Other (describe using the State note)	No		
Please report information on ADULT LITERACY for the 2017 calendar year.			
	Total Sessions Attendance at sessions Focus on birth - school entry (kindergarten) Focus on parents & caregivers Combined audience N/A Total Attendance Collaborators (check all that apply): Childcare center(s) Public School District(s) and/or BOCES Non-Public School(s) Health care providers/agencies Other (describe using the State note)		

ADULT LITERACY

3.58	Did the library offer adult literacy programs?	No
3.59	Total group program sessions	0
3.60	Total one-on-one program sessions	0
3.61	Total group program attendance	0
3.62	Total one-on-one program attendance	0
3.63 -	Collaborators (check all that apply)	
a.	Literacy NY (Literacy Volunteers of America)	No
b.	Public School District(s) and/or BOCES	No
c.	Non-Public Schools	No
d.	Other (see instructions and describe using Note)	No

Please report information on PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) for the 2017 calendar year.

PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL)

3.64	Did the library offer programs for English Speakers of Other Languages (ESOL)? (Enter Y for Yes, N for No)	N
3.65	Children's program sessions	0
3.66	Young adult program sessions	0
3.67	Adult program sessions	0
3.68	Total program sessions (total $3.65 + 3.66 + 3.67$)	0
3.69	One-on-one program sessions	0
3.70	Children's program attendance	0
3.71	Young adult program attendance	0
3.72	Adult program attendance	0
3.73	Total program attendance (total $3.70 + 3.71 + 3.72$)	0
3.74	One-on-one program attendance	0
3.75 -	Collaborators (check all that apply):	
a.	Literacy NY (Literacy Volunteers of America)	No
b.	Public School District(s) and/or BOCES	No
c.	Non-Public School(s)	No
d.	Other (describe using the Note)	No
Please report information on DIGITAL LITERACY for the 2017 calendar year.		

DIGITAL LITERACY

3.76	Did the library offer digital literacy programs?	Y
3.77	Total group program sessions	0
3.78	Total one-on-one program sessions	15
3.79	Total group program attendance	0
3.80	Total one-on-one program attendance	15

4. LIBRARY TRANSACTIONS

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

CATALOGED BOOK CIRCULATION

CAIR	ALOGED BOOK CIRCULATION		
4.1	Adult Fiction Books	3,177	
4.2	Adult Non-fiction Books	689	
4.3	Total Adult Books (Total questions 4.1 & 4.2)	3,866	
4.4	Children's Fiction Books	3,926	
4.5	Children's Non-fiction Books	546	
4.6	Total Children's Books (Total questions 4.4 & 4.5)	4,472	
4.7	Total Cataloged Book Circulation (Total question 4.3 & 4.6)	8,338	
CIRC	ULATION OF OTHER MATERIALS		
4.8	Circulation of Adult Other Materials	1,231	
4.9	Circulation of Children's Other Materials	722	
4.10	Total Circulation of Other Materials (Total questions 4.8, 4.9)	1,953	
4.11	Physical Item Circulation (Total questions 4.7 & 4.10)	10,291	
ELEC	CTRONIC USE		
4.12	Use of Electronic Material	684	
4.13	Successful Retrieval of Electronic Information	4	
4.14	Electronic Content Use (Total questions 4.12 & 4.13)	688	
4.15	Total Circulation of Materials (Total questions 4.11 & 4.12)	10,975	
4.16	Total Collection Use (Total questions 4.13 & 4.15)	10,979	
4.17	Grand Total Circulation of Children's Materials (Total questions 4.6 & 4.9)	5,194	
REFERENCE TRANSACTIONS			
4.18	Total Reference Transactions	822	
4.19	Does the library offer virtual reference?	Y	
INTE	RLIBRARY LOAN - MATERIALS RECEIVED (BORROWED)		
4.20	TOTAL MATERIALS RECEIVED	2,099	
INTE	RLIBRARY LOAN - MATERIALS PROVIDED (LOANED)		
4.21	TOTAL MATERIALS PROVIDED	1,703	

5. TECHNOLOGY AND TELECOMMUNICATIONS

Report all information as of December 31, 2017.

SYSTEMS AND SERVICES

5.1	Automated circulation system?	Y
5.2	Online public access catalog (OPAC)?	Y
5.3	Electronic access to the OPAC from outside the library?	Y

5.4	Annual number of visits to the library's web site	44,000
5.5	Does the library use Internet filtering software on any computer?	N
5.6	Name of the person responsible for the library's Information Technology (IT) services	Ginny Okrasinski
5.7	IT contact's telephone number (enter 10 digits only and hit the Tab key)	(607) 633-3835
5.8	IT contact's email address	clibrary3@stny.rr.com

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.	25
BUDO	GETED POSITIONS IN FULL-TIME EQUIVALENTS	
6.2	Library Director (certified)	0
6.3	Vacant Library Director (certified)	0
6.4	Librarian (certified)	0
6.5	Vacant Librarian (certified)	0
6.6	Library Manager (not certified)	1
6.7	Vacant Library Manager (not certified)	0
6.8	Library Specialist/Paraprofessional (not certified)	0
6.9	Vacant Library Specialist/Paraprofessional (not certified)	0
6.10	Other Staff	0.3
6.11	Vacant Other Staff	0
6.12	TOTAL PAID STAFF (Total questions 6.2, 6.4, 6.6, 6.8 & 6.10)	1.30
6.13	VACANT TOTAL PAID STAFF (Total questions 6.3, 6.5, 6.7, 6.9 & 6.11)	0.00
SALA	ARY INFORMATION	
6.14	FTE - Entry Level Librarian (certified)	0
6.15	Salary - Entry Level Librarian (certified)	\$0
6.16	FTE - Library Director (certified)	0
6.17	Salary - Library Director (certified)	\$0
6.18	FTE - Library Manager (not certified)	1
6.19	Salary - Library Manager (not certified)	\$12,600
0.17	Sum y Manager (not certified)	Ψ 12, 000

7. MINIMUM PUBLIC LIBRARY STANDARDS

Report all information as of December 31, 2017. Please click <u>here</u> 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.	Y
7.2	2. Has a board-approved written long range plan of service.	Y
7.3	3. Presents a board-approved annual report to the community on the library's progress in meeting its goals and objectives.	Y
7.4	4. Has board-approved written policies for the operation of the library.	Y

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.	Y
7.6	6. Periodically evaluates the effectiveness of the library's collection and services in meeting community needs.	Y
7.7	7. Is open the minimum standard number of public service hours for population served. (see instructions)	Y
8. Mai	ntains a facility to meet community needs, including adequate:	
7.8	8a. space	Y
7.9	8b. lighting	Y
7.10	8c. shelving	Y
7.11	8d. seating	Y
7.12	8e. restroom (see instructions)	Y
	vides equipment and connections to meet community needs and provide according electronic information, including but not limited to the following:	ess to other library catalogs
7.13	9a. telephone	Y
7.14	9b. photocopier (see instructions)	Y
7.15	9c. microcomputer or terminal	Y
7.16	9d. printer	Y
7.17	9e. Fax capability (see instructions)	Y
7.18	10. Distributes board-approved printed information listing the library's hours open, borrowing rules, services, location and phone number.	Y
7.19	11. Employs a paid director in accordance with the provisions of Commissioner's Regulation 90.8.	Y

8. PUBLIC SERVICE INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click <u>here</u> 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	1
8.2	Branches	0
8.3	Bookmobiles	0
8.4	Other Outlets	0
8.5	TOTAL PUBLIC SERVICE OUTLETS (Total questions 8.1 - 8.4)	1
PUBL	IC SERVICE HOURS - Report hours to two decimal places.	
8.6	Minimum Weekly Total Hours - Main Library	25.00
8.7	Minimum Weekly Total Hours - Branch Libraries	0.00
8.8	Minimum Weekly Total Hours - Bookmobiles	0.00
8.9	Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8)	25.00
8.10	Annual Total Hours - Main Library	1,300.00
8.11	Annual Total Hours - Branch Libraries	0.00
8.12	Annual Total Hours - Bookmobiles	0.00
8.13	Annual Hours Open - Total Hours Open (Total questions 8.10 through 8.12)	1,300.00

9. SERVICE OUTLET 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.

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.

If you have multiple libraries, you may 1) enter the data for the Service Outlet Information section directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into Collect. If you choose to send your data for uploading, you must enter the data into the spreadsheet form available in the survey by clicking here. Complete this form and email it to hibliostat@btol.com.

1.	Outlet Name	George P. & Susan Platt Cady Library
2.	Outlet Name Status	00 (for no change)
3.	Street Address	42 River Street
4.	Outlet Street Address Status	00 (for no change)
5.	City	Nichols
6.	Zip Code	13812
7.	Phone (enter 10 digits only)	(607) 699-3835
8.	Fax Number (enter 10 digits only)	(607) 699-3835
9.	E-mail Address	clibrary3@stny.rr.com
10.	Outlet URL	www.cadylibrary.org
11.	County	Tioga
12.	School District	Tioga Central
13.	Library System	Finger Lakes Library System
14.	Outlet Type Code (select one):	CE
15.	Public Service Hours Per Year for This Outlet	1,300
16.	Number of Weeks This Outlet is Open	52
17.	Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)?	Y
18.	Is the meeting space available for public use even when the outlet is closed?	Y
19.	Total number of non-library sponsored programs, meetings and/or events at this outlet	12
20.	Enter the appropriate outlet code (select one):	N/A
21.	Who owns this outlet building?	Town
22.	Who owns the land on which this outlet is built?	Town
23.	Indicate the year this outlet was initially constructed	1828
24.	Indicate the year this outlet underwent a major renovation costing \$25,000 or more	1987
25.	Square footage of the outlet	1,500
26.	Number of internet computers at this outlet used by general public	7
27.	Number of uses (sessions) of public Internet computers per year	1,488
28.	Type of connection on the outlet's public Internet computers	Cable
29.	Maximum <u>download</u> speed of connection on the outlet's public Internet computers	6 Greater than or equal to 6 mbps and less than 10 mbps
30.	Maximum <u>upload</u> speed of connection on the outlet's public Internet computers	6 Greater than or equal to 6 mbps and less than 10 mbps
31.	Internet Provider	Spectrum/Time Warner Cable

WiFi Access	No restrictions to access
Number of wireless sessions provided by the library wireless service per year	1,562
Does the outlet have interactive videoconferencing capability for public use?	N
Does the outlet have a building entrance that is physically accessible to a person in a wheelchair?	Y
Is every public part of the outlet accessible to a person in a wheelchair?	Y
LIBID	2400604550
FSCSID	NY0155
Number of Bookmobiles in the Bookmobile Outlet Record	0
Outlet Structure Status	00 (for no change from previous year)
	Number of wireless sessions provided by the library wireless service per year Does the outlet have interactive videoconferencing capability for public use? Does the outlet have a building entrance that is physically accessible to a person in a wheelchair? Is every public part of the outlet accessible to a person in a wheelchair? LIBID FSCSID Number of Bookmobiles in the Bookmobile Outlet Record

10. OFFICERS AND TRUSTEES

Report information about trustee meetings as of December 31, 2017. 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,	12
	2017 to December 31, 2017)	12

NUMBER OF TRUSTEES AND TERMS

10.2	Does your library have a range of trustees stated in the library's charter	Yes
	documents (incorporation)?	
10.3	If yes, what is the range?	5-7
10.4	If your library has a range, how many voting positions are stated in the library's current by-laws?	7
10.5	If your library does not have a range, how many voting positions are	

	stated in the library's charter documents (incorporation)?	
10.6	Does your library's charter documents (incorporation) state a specified	,

10.0	Does your library's charter documents (incorporation) state a specified	Yes
	term for trustees? If no, please explain in a Note.	108

10.7	If yes, what is the trustee term length, as stated in your library's charter	5 years
	documents (incorporation)?	3 years

BOARD MEMBER SELECTION

10.8	Enter Board Member Selection Code (select one):	A - board members are
		appointed by
		municipality(ies)

List Officers and Board Members as of February 1, 2018. 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

10.9	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the Note), or Vacant	Mrs.
10.10	First Name	Debora
10.11	Last Name	Stubecki
10.12	Mailing Address	622 Roki Blvd.
10.13	City	Nichols
10.14	Zip Code (5 digits only)	13812
10.15	Phone (enter 10 digits only)	(607) 699-3832
10.16	E-mail Address	dstubecki@hotmail.com
10.17	Term Begins - Month	January
		•

10.19	Term Expires - Month	December
10.20	Term Expires - Year (yyyy)	2021
10.21	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
10.22	The date the Oath of Office was taken (mm/dd/yyyy)	06/20/17
10.23	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	06/21/17
10.24	Is this a brand new trustee?	N
3.7	1) 4 4 1 4 6 4 066 1D 1M 1 1' 4 ' 4 4	

10.18 Term Begins - Year (yyyy)

who resigned their position).

14.

The date the Oath of Office (mm/dd/yyyy) was taken

You may 1) enter the data for the Officers and Board Members directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into Collect (but do not include the Board Presidentâ€"this information should still be entered directly into the survey). If you choose to send your data for uploading, you must enter the data into the spreadsheet form available <u>here</u>. Complete this form and email it to bibliostat@btol.com.

2017

01/19/2016

1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Karen
3.	Last Name of Board Member	Rathke
4.	Mailing Address	1420 Sibley Rd.
5.	City	Owego
6.	Zip Code (5 digits only)	13827
7.	E-mail address	N/A
8.	Office Held or Trustee	Vice President
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2017
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2021
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	06/20/17
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	06/21/17
16.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Dr.
2.	First Name of Board Member	JoAnne
3.	Last Name of Board Member	Stevens
4.	Mailing Address	76 East River Rd.
5.	City	Nichols
6.	Zip Code (5 digits only)	13812
7.	E-mail address	N/A
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2016
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2020
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee	Yes

15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	01/20/2016
16.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Anne
3.	Last Name of Board Member	Howard
4.	Mailing Address	859 Jacobs Rd.
5.	City	Rome
6.	Zip Code (5 digits only)	18837
7.	E-mail address	N/A
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2017
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2021
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee	Yes
	who resigned their position).	01/10/0017
14.	The date the Oath of Office (mm/dd/yyyy) was taken	01/19/2017
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	01/20/2017
16.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Virginia
3.	Last Name of Board Member	Okrasinski
4.	Mailing Address	85 Codner Rd.
5.	City	Owego
6.	Zip Code (5 digits only)	13827
7.	E-mail address	N/A
8.	Office Held or Trustee	Secretary
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2014
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2018
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	01/21/2014
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	01/22/2014
16.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Vacant
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)
- Term Expires 11.
- 12. Term Expires - Year (yyyy)
- 13. Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).
- 14. The date the Oath of Office (mm/dd/yyyy) was taken
- The date the Oath of Office was filed with town or county clerk 15. (mm/dd/yyyy)
- Is this a brand new trustee? 16.

Title of Board Member (select one):

- First Name of Board Member
- Last Name of Board Member
- Mailing Address
- City
- Zip Code (5 digits only)
- 7. E-mail address
- Office Held or Trustee
- Term Begins Month
- 10. Term Begins - Year (year)
- 11. Term Expires
- 12. Term Expires - Year (yyyy)
- 13. Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).
- 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 15. (mm/dd/yyyy)
- Is this a brand new trustee? 16.

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.

	record for each funding source; if no, go to question 11.3.	I
1.	Source of Funds	Town
2.	Name of funding County, Municipality or District	Nichols
3.	Amount	\$15,000

Does the library receive any local public funds? If yes, complete one

Subject to public vote held in reporting year or in a previous reporting

year(s). Written Contractual Agreement 5.

Source of Funds County

Tioga 2. Name of funding County, Municipality or District \$8,612 3. Amount

Subject to public vote held in reporting year or in a previous reporting 4. year(s).

N

Y

N

N

Vacant

5.	Written Contractual Agreement	N
1.	Source of Funds	School District
2.	Name of funding County, Municipality or District	Tioga Central School District
3.	Amount	\$4,000
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	N
5.	Written Contractual Agreement	N
11.2	TOTAL LOCAL PUBLIC FUNDS	\$27,612
SYSTI	EM CASH GRANTS TO MEMBER LIBRARY	
11.3	Local Library Services Aid (LLSA)	\$1,544
11.4	Central Library Aid (CLDA and/or CBA)	\$0
11.5	Additional State Aid received from the System	\$0
11.6	Federal Aid received from the System	\$0
11.7	Other Cash Grants	\$7,500
11.8	TOTAL SYSTEM CASH GRANTS (Add Questions 11.3, 11.4, 11.5, 11.6 and 11.7)	\$9,044
OTHE	CR 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	\$0
FEDE	RAL AID FOR LIBRARY OPERATION	
11.10	LSTA	\$0
11.11	Other Federal Aid	\$0
11.12	TOTAL FEDERAL AID (Add Questions 11.10 and 11.11)	\$0
11.13	CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE	\$0
OTHE	CR RECEIPTS	
11.14	Gifts and Endowments	\$151
11.15	Fund Raising	\$0
11.16	Income from Investments	\$0
11.17	Library Charges	\$556
11.18	Other	\$0
11.19	TOTAL OTHER RECEIPTS (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18)	\$707
11.20	TOTAL OPERATING FUND RECEIPTS (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19)	\$37,363
11.21	BUDGET LOANS	\$0
TRAN	SFERS	
11.22	From Capital Fund (Same as Question 14.8)	\$0
11.23	From Other Funds	\$0
11.24	TOTAL TRANSFERS (Add Questions 11.22 and 11.23)	\$0
11.25	BALANCE IN OPERATING FUND - Beginning Balance for Fiscal Year Ending 2017 (Same as Question 12.40 of previous year if fiscal year has not changed)	\$2,025
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)	\$39,388

12. OPERATING FUND DISBURSEMENTS

Report financial data based on the fiscal reporting year reported in Part 1. ROUND TO THE NEAREST DOLLAR. Please click <u>here</u> to read general instructions before completing this section.

STAFF EXPENDITURES

Salaries & Wages Paid from Library Funds

10.1	Cont.Co. 1 Librariana	\$0
12.1	Certified Librarians Other Staff	
12.2		\$19,375
12.3 12.4	Total Salaries & Wages Expenditures (Add Questions 12.1 and 12.2) Employee Panefits Expenditures	\$19,375 \$1,472
12.4	Employee Benefits Expenditures Total Staff Expenditures (Add Operations 12.3 and 12.4)	\$1,472
	Total Staff Expenditures (Add Questions 12.3 and 12.4) LECTION EXPENDITURES	\$20,647
		\$3,446
12.6	Print Materials Expenditures	\$3,440 \$0
12.7	Electronic Materials Expenditures	\$0 \$0
12.8	Other Materials Expenditures Total Collection Expenditures (Add Questions 12.6, 12.7 and 12.8)	
12.9	Total Collection Expenditures (Add Questions 12.6, 12.7 and 12.8) TAL EXPENDITURES FROM OPERATING FUNDS	\$3,446
		\$0
	From Local Public Funds (71PF)	\$0 \$0
	From Other Funds (710F) Total Capital Expenditures (Add Questions 12.10 and 12.11)	\$0 \$0
	RATION AND MAINTENANCE OF BUILDINGS	\$ 0
OPER	CATION AND MAINTENANCE OF BUILDINGS	
Repai	rs to Building & Building Equipment	
12.13	From Local Public Funds (72PF)	\$0
12.14	From Other Funds (72OF)	\$0
12.15	Total Repairs (Add Questions 12.13 and 12.14)	\$0
12.16	Other Disbursements for Operation & Maintenance of Buildings	\$0
12.17	Total Operation & Maintenance of Buildings (Add Questions 12.15 and 12.16)	\$0
MISC	CELLANEOUS EXPENSES	
12.18	Office and Library Supplies	\$491
12.19	Telecommunications	\$417
12.20	Binding Expenses	\$0
12.21	Postage and Freight	\$144
12.22	Professional & Consultant Fees	\$0
12.23	Equipment	\$6,627
12.24	Other Miscellaneous	\$5,391
12.25	Total Miscellaneous Expenses (Add Questions 12.18, 12.19, 12.20, 12.21, 12.22, 12.23 and 12.24)	\$13,070
12.26	CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE	\$0
DEBT	SERVICE	
-	al Purposes Loans (Principal and Interest)	
12.27	` '	\$0
	From Other Funds (73OF)	\$0
	Total (Add Questions 12.27 and 12.28)	\$0
12.30	Budget Loans (Principal and Interest)	\$0

10.01		Φ0.
12.31	Short-Term Loans Total Debt Service (Add Questions 12.29, 12.30 and 12.31)	\$0 \$0
		Ψ
12.33	TOTAL OPERATING FUND DISBURSEMENTS (Add Questions 12.5, 12.9, 12.12, 12.17, 12.25, 12.26 and 12.32)	\$37,363
TRAN	NSFERS	
TD.		
	fers to Capital Fund	\$0
	From Local Public Funds (76PF) From Other Funds (76OF)	\$0 \$0
12.36		
12.50	as Question 13.8)	\$0
12.37	Transfer to Other Funds	\$0
12.38	TOTAL TRANSFERS (Add Questions 12.36 and 12.37)	\$0
12.39	TOTAL DISBURSEMENTS AND TRANSFERS (Add Questions 12.33 and 12.38)	\$37,363
12.40	BALANCE IN OPERATING FUND - Ending Balance for the Fiscal Year Ending 2017	\$2,025
12.41	GRAND TOTAL DISBURSEMENTS, TRANSFERS & BALANCE (Add Questions 12.39 and 12.40; same as Question 11.26)	\$39,388
ASSU	RANCE	
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).	02/20/2018
FISC	AL AUDIT	
12.43	Last audit performed (mm/dd/yyyy)	11/2/1995
	Last audit performed (mm/dd/yyyy) Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy)	11/2/1995 01/01/1990-01/01/1995
12.44	Last audit performed (mm/dd/yyyy) Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one):	
12.44 12.45	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy)	01/01/1990-01/01/1995
12.44 12.45 CAPI	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one):	01/01/1990-01/01/1995
12.44 12.45 CAPI 12.46	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND Does the library have a Capital Fund? Enter Y for Yes, N for No. If No,	01/01/1990-01/01/1995 State
12.44 12.45 CAPI 12.46	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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.	01/01/1990-01/01/1995 State N
12.44 12.45 CAPI 12.46 13. C Repor	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE here to read general instructions before completing this section.	01/01/1990-01/01/1995 State N
12.44 12.45 CAPI 12.46 13. C Repor click <u>I</u>	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE there to read general instructions before completing this section. ENUES FROM LOCAL SOURCES	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> REVI 13.1	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE nere to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources	01/01/1990-01/01/1995 State N
12.44 12.45 CAPI 12.46 13. C Repor click <u>I</u>	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE there to read general instructions before completing this section. ENUES FROM LOCAL SOURCES	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> 13.1 13.2 13.3	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE nere to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> 13.1 13.2 13.3	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE nere to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources (Add Questions 13.1 and 13.2)	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0
12.44 12.45 CAPI 12.46 13. C Reporclick <u>1</u> 13.1 13.2 13.3 STAT	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE here to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources Total Revenues from Local Sources (Add Questions 13.1 and 13.2) TE AID FOR CAPITAL PROJECTS	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0 \$0 \$0
12.44 12.45 CAPI 12.46 13. C Reporclick <u>1</u> 13.1 13.2 13.3 STAT 13.4 13.5 13.6	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE tere to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources Total Revenues from Local Sources (Add Questions 13.1 and 13.2) E AID FOR CAPITAL PROJECTS State Aid Received for Construction Other State Aid Total State Aid (Add Questions 13.4 and 13.5)	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0 \$0 \$0 \$0
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> 13.1 13.2 13.3 STAT 13.4 13.5 13.6 FEDE	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE here to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources (Add Questions 13.1 and 13.2) TE AID FOR CAPITAL PROJECTS State Aid Received for Construction Other State Aid Total State Aid (Add Questions 13.4 and 13.5) ERAL AID FOR CAPITAL PROJECTS	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> 13.1 13.2 13.3 STAI 13.4 13.5 13.6 FEDE 13.7	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE nere to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources Total Revenues from Local Sources (Add Questions 13.1 and 13.2) TE AID FOR CAPITAL PROJECTS State Aid Received for Construction Other State Aid Total State Aid (Add Questions 13.4 and 13.5) ERAL AID FOR CAPITAL PROJECTS TOTAL FEDERAL AID	01/01/1990-01/01/1995 State N N NEAREST DOLLAR. Please \$0 \$0 \$0 \$0 \$0 \$0
12.44 12.45 CAPI 12.46 13. C Repor click <u>1</u> 13.1 13.2 13.3 STAI 13.4 13.5 13.6 FEDE 13.7	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) Indicate type of audit (select one): TAL FUND 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. CAPITAL FUND RECEIPTS It financial data based on the fiscal year reported in Part 1. ROUND TO THE here to read general instructions before completing this section. ENUES FROM LOCAL SOURCES Revenues from Local Government Sources All Other Revenues from Local Sources (Add Questions 13.1 and 13.2) TE AID FOR CAPITAL PROJECTS State Aid Received for Construction Other State Aid Total State Aid (Add Questions 13.4 and 13.5) ERAL AID FOR CAPITAL PROJECTS	01/01/1990-01/01/1995 State N ENEAREST DOLLAR. Please \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

TOTAL REVENUES (Add Questions 13.3, 13.6, 13.7 and 13.8)

\$0

13.10	NON-REVENUE RECEIPTS	\$0
13.11	TOTAL CASH RECEIPTS (Add Questions 13.9 and 13.10)	\$0
13.12	BALANCE IN CAPITAL FUND - Beginning Balance for Fiscal Year Ending 2017 (Same as Question 14.11 of previous year, if fiscal year has not changed)	\$0
13.13	TOTAL CASH RECEIPTS AND BALANCE (Add Questions 13.11 and 13.12; same as Question 14.12)	\$0

14. CAPITAL FUND DISBURSEMENTS

Report financial data based on the fiscal reporting year reported in Part 1. ROUND TO THE NEAREST DOLLAR. Please click <u>here</u> to read general instructions before completing this section.

PROJECT EXPENDITURES

14.1	Construction	\$0
14.2	Incidental Construction	\$0
Other	Disbursements	
14.3	Purchase of Buildings	\$0
14.4	Interest	\$0
14.5	Collection Expenditures	\$0
14.6	Total Other Disbursements (Add Questions 14.3, 14.4 and 14.5)	\$0
14.7	TOTAL PROJECT EXPENDITURES (Add Questions 14.1, 14.2 and	\$0
	14.6)	ΨΟ
14.8	TRANSFER TO OPERATING FUND (Same as Question 11.22)	\$0
14.9	NON-PROJECT EXPENDITURES	\$0
14.10	TOTAL CASH DISBURSEMENTS AND TRANSFERS (Add	\$0
	Questions 14.7, 14.8 and 14.9)	ΨΟ
14.11	BALANCE IN CAPITAL FUND - Ending Balance for the Fiscal Year	\$0
	Ending 2017	ΨΟ
14.12	TOTAL CASH DISBURSEMENTS AND BALANCE (Add Questions	\$0
	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

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	0.00
16.2	Total Librarians	0.63
16.3	All Other Paid Staff	0.19
16.4	Total Paid Employees	0.82
16.5	State Government Revenue	\$1,544
16.6	Federal Government Revenue	\$0
16.7	Other Operating Revenue	\$8,207
16.8	Total Operating Revenue	\$37,363
16.9	Other Operating Expenditures	\$13,070
16.10	Total Operating Expenditures	\$37,363
		02

16.11	Total Capital Expenditures	
16.12	Print Materials	16,193
16.13	Total Registered Borrowers	704
16.14	Other Capital Revenue and Receipts	\$0
16.15	Number of internet computers used by general public	7
16.16	Total Uses (sessions) of Public Internet Computers Per Year	1,488
16.17	Total Wireless Sessions Provided by the Library Wireless Service Per Year	1,562

17. FOR NEW YORK STATE LIBRARY USE ONLY

17.1	LIB ID	2400604550
17.2	Interlibrary Relationship Code	ME
17.3	Legal Basis Code	CI
17.4	Administrative Structure Code	SO
17.5	FSCS Public Library Definition	Y
17.6	Geographic Code	OTH
17.7	FSCS ID	NY0155
17.8	SED CODE	600903700004
17.9	INSTITUTION ID	800000036482

SUGGESTED IMPROVEMENTS

Library Name: GEORGE P. & SUSAN PLATT CADY LIBRARY

Library System: Finger Lakes Library

System

Agree

2400604550

Name of Person Completing Form: Corinne E Moshier
Phone Number: (607) 972-3388

I am satisfied that this resource (Collect) is meeting library needs:

Agree

Applying this resource (Collect) will help improve library services to the public:

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!