

# Mohawk Valley Library System

## Annual Report for Library Systems - 2021 (Public Library Systems 2021)

CURRENT YEAR

*PREVIOUS YEAR*

### 1. General System Information

#### System/Director Information

Please note: Bibliostat CollectConnect is now compatible with major browsers including Google Chrome, Mozilla Firefox, Safari and Internet Explorer.

Please be advised Bibliostat CollectConnect is now using a new interface. If you have accessed or if you believe you may have accessed the old Bibliostat CollectConnect, please click the new link [here](#) and you will be taken to the new interface. Please be sure you exit and close the old Bibliostat CollectConnect before you begin your survey.

Please use the note field to explain answers when necessary. This note field can also be used for local notes.

To avoid loss of data, only one person at a time should be logged into a member library report. Multiple people logged into the same report will cause data to be lost.

Libraries should not have reports from two different years open at the same time.

1.1	SEDCODE	530600700012	<i>530600700012</i>
1.2	Institution ID	800000038305	<i>800000038305</i>
1.3	System Name	Mohawk Valley Library System	<i>Mohawk Valley Library System</i>
1.4	Beginning Reporting Year	01/01/2021	<i>01/01/2020</i>
1.5	Ending Reporting Year	12/31/2021	<i>12/31/2020</i>
1.6	Street Address	858 Duanesburg Rd.	<i>858 Duanesburg Rd.</i>
1.7	City	Schenectady	<i>Schenectady</i>
1.8	Zip Code	12306	<i>12306</i>
1.9	Four-Digit Zip Code Extension (enter N/A if unknown)	1057	<i>1057</i>
1.10	Mailing Address	858 Duanesburg Rd.	<i>858 Duanesburg Rd.</i>
1.11	City	Schenectady	<i>Schenectady</i>
1.12	Zip Code	12306	<i>12306</i>
1.13	Four-Digit Zip Code Extension (enter N/A if unknown)	1057	<i>1057</i>
1.14	Library System Telephone Number (enter 10 digits only and hit the Tab key)	(518) 355-2010	<i>(518) 355-2010</i>
1.15	Fax Number (enter 10 digits only)	(518) 355-0674	<i>(518) 355-0674</i>

1.16	System Home Page URL	www.mvls.info	<i>www.mvls.info</i>
1.17	URL of the system's complete Plan of Service	https://www.mvls.info/wp-content/uploads/2021/10/Plan-of-Service-State-Submitted.pdf	<i>http://www.mvls.info/wp-content/uploads/2016/12/MVLS-Plan-of-Service-State-Format.pdf</i>
1.18	Population Chartered to Serve (2010 Census)	293,226	<i>293,226</i>
1.19	Area Chartered to Serve (square miles)	1725	<i>1725</i>
1.20	Federal Employer Identification Number	141458888	<i>141458888</i>
1.21	County	Schenectady	<i>Schenectady</i>
1.22	County (Counties) Served	Fulton, Montgomery, Schenectady, Schoharie	<i>Fulton, Montgomery, Schenectady, Schoharie</i>
1.23	School District	Schalmont Central School District	<i>Schalmont Central School District</i>
1.24	First Name of System Director	Eric	<i>Eric</i>
1.25	Last Name of System Director	Trahan	<i>Trahan</i>
1.26	NYS Public Librarian Certification Number of the Director of Public Library System, and Reference and Research Library Resources System.	16164	<i>16164</i>
1.31	Telephone Number of the System Director, including area code and extension (enter digits only, field will automatically format with extension)	(518) 355-2010 Ext.223	<i>(518) 355-2010 Ext.223</i>
1.32	E-Mail Address of the System Director	etrahan@mvls.info	<i>etrahan@mvls.info</i>
1.33	Fax Number of the System Director (enter 10 digits only and hit the Tab key)	(518) 355-0674	<i>(518) 355-0674</i>
1.34	Name of Outreach Coordinator	Heather Dickerson	<i>Heather Dickerson</i>

**Contracts/Unusual Circumstances**

1.48	Does the reporting system 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 repeating group for each contract. If no, enter N/A on questions 1	N	<i>N</i>
------	---	---	----------

through 5 of one repeating group.

1.	Name of Contracting Municipality or District	N/A	N/A
2.	Is this a written contract? (Enter Y for Yes, N for No)	N/A	N/A
3.	Population of the geographic area served by this contract	N/A	N/A
4.	Dollar amount of contract	N/A	N/A
5.	Indicate "Full" or "Partial" range of services provided by this contract (Select one)	N/A	N/A

1.49	For the reporting year, has the system experienced any unusual circumstance(s) that affected the statistics and/or information reported (e.g. natural disaster, fire, closed for renovations, massive weeding of collection, etc.)? Indicate Y for Yes, N for No. If Yes, please annotate using the note.	Y	Y
------	---	---	---

THESE QUESTIONS ARE FOR NYC PUBLIC LIBRARY SYSTEMS ONLY. PLEASE PROCEED TO THE NEXT QUESTION.

1.50	President/CEO Name. If there is no President/CEO please enter "N/A"		
1.51	President/CEO Phone Number		
1.52	President/CEO Email		

**2. Personnel Information**

2.1	FTE (Full-Time Equivalent Calculation) The number of hours per work week used to compute FTE for all budgeted positions.	35	35
-----	---	----	----

**BUDGETED POSITIONS IN FULL-TIME EQUIVALENTS**

(enter to two decimal places; enter decimal point)

2.4	Public Library System Director per CR 90.3(f) - Filled Position FTE	1	1
2.5	Public Library System Director per CR 90.3(f) - Vacant Position FTE	0	0
2.10	Librarians - Filled Position(s) FTE	1	1

2.11	Librarians - Vacant Position(s) FTE	1	1
2.12	Outreach Coordinator (certified) per CR 90.3 (1)(2) (iii) - Filled Position FTE	1	1
2.13	Outreach Coordinator (certified) per CR 90.3 (1)(2) (iii) - Vacant Position FTE	0	0
2.14	<b>Total Certified Librarians - Filled Position(s) FTE (total questions 2.4 + 2.10 + 2.12)</b>	3.00	3.00
2.15	<b>Total Certified Librarians - Vacant Position(s) FTE (total questions 2.5 + 2.11 + 2.13)</b>	1.00	1.00
2.16	Total Other Professional Staff - Filled Position(s) FTE	0	0
2.17	Total Other Professional Staff - Vacant Position(s) FTE	0	0
2.18	Total Other Staff - Filled Position(s) FTE	2.8	2.8
2.19	Total Other Staff - Vacant Position(s) FTE	0	0
2.20	<b>Total Paid Staff - Filled Position(s) FTE (total questions 2.14 + 2.16 + 2.18)</b>	5.80	5.80
2.21	<b>Total Paid Staff - Vacant Position(s) FTE (total questions 2.15 + 2.17 + 2.19)</b>	1.00	1.00
<b>SALARY INFORMATION</b>			
2.22	Entry-Level Librarian (certified) FTE	0	0
2.23	Entry-Level Librarian (certified) Current Annual Salary	\$56,694	\$56,694
2.24	System Director FTE	1	1
2.25	System Director Current Annual Salary	\$108,416	\$103,214

### 3. System Membership, Outlets and Governance

#### Service Outlets/Meetings/System Council

#### PUBLIC SERVICE OUTLETS

3.9	Number of member libraries. Do not include branches.	14	14
3.15	Main Library/System Headquarters	1	1
3.16	Indicate the year the system building was initially constructed	1965	1965

3.17	Indicate the year the system building underwent a major renovation costing \$25,000 or more	2008	2008
3.18	Square footage of the system building	8,536	8,536
3.19	Branches of the Library System	0	0
3.20	Bookmobiles	0	0
3.21	Reading Centers	0	0
3.22	Other Outlets	0	0
3.23	<b>Total Public Service Outlets (total questions 3.15 through 3.19)</b>	1	1
3.24	Name of Central Library/Co-Central Libraries	Schenectady County Public Library	<i>Schenectady County Public Library</i>

**BOARD/COUNCIL MEETINGS**

3.25	Total number of public library system/3Rs board meetings or school library system council meetings held during reporting year	9	8
3.26	Current number of <u>voting</u> positions on system board/council. Please add a note if this has changed from the previous year report.	13	13
3.27	Term length for system board/council members. Please add a note if this has changed from the previous year report.	5	5 years

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

3.28	Board/Council Selection - Enter Board/Council Selection Code (select one; drop-down). If O is selected, please use the State note to explain how members were named to the Board/Council.	E	E
------	---	---	---

**SYSTEM BOARD/COUNCIL**

Public Library Systems - enter information for the period January 1, 2022, through December 31, 2022.

President/Council Chair

3.29	Status	Filled	<i>Filled</i>
3.30	First Name	Jane	<i>Jane</i>
3.31	Last Name	Borrelli	<i>Borrelli</i>
3.32	Institutional Affiliation	na	<i>N/A</i>

3.33	Professional Title	President	<i>President</i>
3.34	Mailing Address	13 Country Club Dr.	<i>PO Box 1311</i>
3.35	City	Gloversville	<i>Northville</i>
3.36	Zip Code (enter five digits only)	12078	<i>12134</i>
3.37	Telephone for the Board President (enter 10 digits only and hit the Tab key)	(518) 863-8267	<i>(518) 863-8267</i>
3.38	E-mail Address	janeborrelli@hotmail.com	<i>janeborrelli@hotmail.com</i>
3.39	Term Begins - Month	June	<i>June</i>
3.40	Term Begins - Year (yyyy)	2017	<i>2017</i>
3.41	Term Expires - Month or N/A	December	<i>June</i>
3.42	Term Expires - Year (YYYY) or N/A	2022	<i>2022</i>
3.43	Is this trustee serving a full term? If No, add a State Note if this trustee's term is not a full term (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes	<i>Yes</i>
3.44	The date the board president took the Oath of Office (mm/dd/yyyy)	05/20/2017	<i>05/20/2017</i>
3.45	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	05/25/2017	<i>05/25/2017</i>
3.46	Is this a brand new trustee?	N	<i>N</i>

Board/Council Member - complete one record for each Board/Council Member. For each vacant position, select "Vacant" in question 1, and enter N/A in questions 2-16 of the repeating group. You may 1) enter the data for the Board/Council Members directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into CollectConnect. 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 [collectconnect@baker-taylor.com](mailto:collectconnect@baker-taylor.com). The number of Council members must be 5 to 11 (no less than five and no more than 11).

1.	Status	Filled	<i>Filled</i>
2.	First Name	Rosemary	<i>Rosemary</i>
3.	Last Name	Barger	<i>Barger</i>
4.	Institutional Affiliation	NA	<i>N/A</i>
5.	Professional Title	Financial Officer	<i>Trustee</i>
6.	Mailing Address	83 The Mall St.	<i>83 The Mall St</i>
7.	City	Amsterdam	<i>Amsterdam</i>
8.	Zip Code (enter five digits only)	12010	<i>12010</i>
9.	Term Begins - Month	November	<i>November</i>
10.	Term Begins - Year (yyyy)	2018	<i>2018</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY)	2022	<i>2022</i>

or N/A

13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	N	N
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	12/04/2018	12/04/2018
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	12/14/2018	12/14/2018
16.	Is this a brand new trustee?	N	N
1.	Status	Filled	<i>Filled</i>
2.	First Name	Deb	<i>Deb</i>
3.	Last Name	Escobar	<i>Escobar</i>
4.	Institutional Affiliation	SCPL	<i>Schenectady County Public Library</i>
5.	Professional Title	Trustee	<i>Trustee</i>
6.	Mailing Address	120 E. Palmer Ave	<i>120 E. Palmer Ave.</i>
7.	City	Schenectady	<i>Schenectady</i>
8.	Zip Code (enter five digits only)	12303	<i>12303</i>
9.	Term Begins - Month	June	<i>June</i>
10.	Term Begins - Year (yyyy)	2020	<i>2020</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2025	<i>2025</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y	Y
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	07/09/2020	07/09/2020
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	07/17/2020	07/17/2020
16.	Is this a brand new trustee?	N	Y
1.	Status	Filled	<i>Filled</i>
2.	First Name	April	<i>Katherine</i>
3.	Last Name	Davies	<i>Hawkins</i>
4.	Institutional Affiliation	SUNY Cobleskill	<i>N/A</i>
5.	Professional Title	Trustee	<i>Vice President</i>
6.	Mailing Address	102 Grove St.	<i>PO Box 201</i>

7.	City	Cobleskill	<i>Summit</i>
8.	Zip Code (enter five digits only)	12043	<i>12175</i>
9.	Term Begins - Month	June	<i>November</i>
10.	Term Begins - Year (yyyy)	2021	<i>2017</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2025	<i>2022</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	N	<i>N</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	07/02/2021	<i>11/17/2017</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	07/12/2021	<i>11/24/2017</i>
16.	Is this a brand new trustee?	Y	<i>N</i>
1.	Status	Filled	<i>Filled</i>
2.	First Name	Katherine	<i>Joanne</i>
3.	Last Name	Hawkins	<i>Mickle</i>
4.	Institutional Affiliation	NA	<i>N/A</i>
5.	Professional Title	Vice President	<i>Secretary</i>
6.	Mailing Address	PO Box 201	<i>2 Maple Ave, Apt 102</i>
7.	City	Summitt	<i>Canajoharie</i>
8.	Zip Code (enter five digits only)	12175	<i>13317</i>
9.	Term Begins - Month	November	<i>June</i>
10.	Term Begins - Year (yyyy)	2017	<i>2018</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2022	<i>2023</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	N	<i>Y</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	11/17/2017	<i>5/18/2018</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	11/24/2017	<i>5/29/2018</i>
16.	Is this a brand new trustee?	N	<i>N</i>

1.	Status	Filled	<i>Filled</i>
2.	First Name	Susan	<i>Mary</i>
3.	Last Name	London	<i>Salluzzo</i>
4.	Institutional Affiliation	NA	<i>N/A</i>
5.	Professional Title	Trustee	<i>Trustee</i>
6.	Mailing Address	135 Indian Springs La	<i>204 S. William St</i>
7.	City	Middleburgh	<i>Johnstown</i>
8.	Zip Code (enter five digits only)	12122	<i>12095</i>
9.	Term Begins - Month	June	<i>June</i>
10.	Term Begins - Year (yyyy)	2021	<i>2016</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2026	<i>2021</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y	<i>Y</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	06/21/2021	<i>05/16/2016</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	06/29/2021	<i>05/21/2021</i>
16.	Is this a brand new trustee?	Y	<i>N</i>

1.	Status	Filled	<i>Filled</i>
2.	First Name	Joanne	<i>Rebecca</i>
3.	Last Name	Mickle	<i>Sokol</i>
4.	Institutional Affiliation	NA	<i>N/A</i>
5.	Professional Title	Secretary	<i>Trustee</i>
6.	Mailing Address	2 Maple Ave, Apt 2	<i>140 Allen Heights</i>
7.	City	Canajoharie	<i>St. Johnsville</i>
8.	Zip Code (enter five digits only)	13317	<i>13452</i>
9.	Term Begins - Month	June	<i>October</i>
10.	Term Begins - Year (yyyy)	2018	<i>2020</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2023	<i>2021</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a	Y	<i>N</i>

trustee who resigned their position).

14. The date the trustee took the Oath of Office (mm/dd/yyyy) 05/18/2018 11/12/2020

15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 05/29/2018 11/20/2020

16. Is this a brand new trustee? N N

1. Status Filled *Filled*

2. First Name Mary *Eleanor*

3. Last Name Salluzzo *Spencer*

4. Institutional Affiliation NA *N/A*

5. Professional Title Trustee *Trustee*

6. Mailing Address 205 S William St *147 Lawyers La*

7. City Johnstown *Middleburgh*

8. Zip Code (enter five digits only) 12095 *12122*

9. Term Begins - Month June *September*

10. Term Begins - Year (yyyy) 2021 *2016*

11. Term Expires - Month or N/A December *June*

12. Term Expires - Year (YYYY) or N/A 2026 *2021*

13. Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). Y N

14. The date the trustee took the Oath of Office (mm/dd/yyyy) 05/16/2021 09/21/2016

15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 05/21/2021 09/29/2016

16. Is this a brand new trustee? N N

1. Status Filled *Filled*

2. First Name Rebecca *Felicia*

3. Last Name Sokol *Spivey*

4. Institutional Affiliation NA *N/A*

5. Professional Title Trustee *Trustee*

6. Mailing Address 140 Allen Heights *1750 Hamburg St.*

7. City St Johnsville *Schenectady*

8. Zip Code (enter five digits only) 13452 *12304*

9. Term Begins - Month June *June*

10. Term Begins - Year (yyyy) 2021 *2020*

11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2026	<i>2025</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y	<i>Y</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	11/12/2020	<i>06/08/2020</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	11/23/2020	<i>06/18/2020</i>
16.	Is this a brand new trustee?	N	<i>N</i>

1.	Status	Filled	<i>Filled</i>
2.	First Name	Helen	<i>Helen</i>
3.	Last Name	Thomas	<i>Thomas</i>
4.	Institutional Affiliation	Sharon Springs Free Library	<i>Sharon Springs Free Library</i>
5.	Professional Title	Trustee	<i>Trustee</i>
6.	Mailing Address	PO Box 268	<i>129 Main St.</i>
7.	City	Sharon Springs	<i>Sharon Springs</i>
8.	Zip Code (enter five digits only)	13459	<i>13459</i>

9.	Term Begins - Month	June	<i>June</i>
10.	Term Begins - Year (yyyy)	2020	<i>2020</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2025	<i>2025</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y	<i>Y</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	06/06/2020	<i>06/06/2020</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	06/22/2020	<i>06/22/2020</i>
16.	Is this a brand new trustee?	N	<i>Y</i>

1.	Status	Filled	<i>Filled</i>
2.	First Name	Mary	<i>Christine</i>
3.	Last Name	VanPatten	<i>Witkowski</i>
4.	Institutional Affiliation	na	<i>N/A</i>

5.	Professional Title	Trustee	<i>Trustee</i>
6.	Mailing Address	8 Glenvue Dr.	<i>723 Sanders Ave</i>
7.	City	Scotia	<i>Scotia</i>
8.	Zip Code (enter five digits only)	12302	<i>12302</i>
9.	Term Begins - Month	February	<i>June</i>
10.	Term Begins - Year (yyyy)	2022	<i>2019</i>
11.	Term Expires - Month or N/A	December	<i>June</i>
12.	Term Expires - Year (YYYY) or N/A	2026	<i>2024</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	N	<i>Y</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	02/15/2022	<i>05/15/2019</i>
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	02/18/2022	<i>05/23/2019</i>
16.	Is this a brand new trustee?	Y	<i>N</i>
1.	Status	Filled	<i>Vacant</i>
2.	First Name	Christine	<i>N/A</i>
3.	Last Name	Witkowski	<i>N/A</i>
4.	Institutional Affiliation	na	<i>N/A</i>
5.	Professional Title	Trustee	<i>N/A</i>
6.	Mailing Address	723 Sanders Ave	<i>N/A</i>
7.	City	Scotia	<i>N/A</i>
8.	Zip Code (enter five digits only)	12302	<i>N/A</i>
9.	Term Begins - Month	June	<i>N/A</i>
10.	Term Begins - Year (yyyy)	2019	<i>N/A</i>
11.	Term Expires - Month or N/A	December	<i>N/A</i>
12.	Term Expires - Year (YYYY) or N/A	2024	<i>N/A</i>
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Y	<i>N/A</i>
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	05/15/2019	<i>N/A</i>
15.	The date the Oath of Office was filed with town or county	05/23/2023	<i>N/A</i>

	clerk (mm/dd/yyyy)		
16.	Is this a brand new trustee?	N	N
1.	Status	Vacant	Vacant
2.	First Name	N/A	N/A
3.	Last Name	N/A	N/A
4.	Institutional Affiliation	N/A	N/A
5.	Professional Title	N/A	N/A
6.	Mailing Address	N/A	N/A
7.	City	N/A	N/A
8.	Zip Code (enter five digits only)	N/A	N/A
9.	Term Begins - Month	N/A	N/A
10.	Term Begins - Year (yyyy)	N/A	N/A
11.	Term Expires - Month or N/A	N/A	N/A
12.	Term Expires - Year (YYYY) or N/A	N/A	N/A
13.	Is this trustee serving a full term? If No, add a State Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	N/A	N/A
14.	The date the trustee took the Oath of Office (mm/dd/yyyy)	N/A	N/A
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A	N/A
16.	Is this a brand new trustee?	N	N

### Coordinated Outreach Council

#### COORDINATED OUTREACH COUNCIL

3.47	Has the Coordinated Outreach Council met at least two times during the calendar year per CR 90.3 (j)(2)(iv)? (Enter Y for Yes, N for No).	N	N
------	---	---	---

Coordinated Outreach Council Members - complete one record for each Council Member for the period January 1, 2022, through December 31, 2022. For each vacant position, select "Vacant" in question 1 and enter N/A in questions 2-5 of the repeating group. You may 1) enter the data for the Coordinated Outreach Council Members directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into CollectConnect. 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 [collectconnect@baker-taylor.com](mailto:collectconnect@baker-taylor.com). The number of council members must be 5 to 11 (no less than five and no more than 11).

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

1.	Status	Filled	<i>Filled</i>
2.	First Name	Lorie	<i>Barry</i>
3.	Last Name	Bargstead	<i>Finley</i>
4.	Institutional Affiliation	HFM BOCES	<i>N/A</i>
5.	Professional Title	Adult Education Coordinator	<i>N/A</i>
1.	Status	Filled	<i>Filled</i>
2.	First Name	Robin	<i>Heather</i>
3.	Last Name	Romines	<i>Dickerson</i>
4.	Institutional Affiliation	SafeInc Schenectady	<i>MVLS</i>
5.	Professional Title	Shelter Manager	<i>Public Services Consultant</i>
1.	Status	Filled	<i>Filled</i>
2.	First Name	Colleen	<i>Sara</i>
3.	Last Name	Munger	<i>Beekman</i>
4.	Institutional Affiliation	Lally Early Learning Center	<i>N/A</i>
5.	Professional Title	Manager	<i>N/A</i>
1.	Status	Filled	<i>Filled</i>
2.	First Name	Erin	<i>Linda</i>
3.	Last Name	Gavin	<i>Burns</i>
4.	Institutional Affiliation	NOAH Food Pantry	<i>CASA Centro Civico</i>
5.	Professional Title	NA	<i>Manager</i>
1.	Status	Filled	<i>Filled</i>
2.	First Name	Don	<i>Denelle</i>
3.	Last Name	Wheeler	<i>Baker</i>
4.	Institutional Affiliation	Schenectady County Jail	<i>Schoharie County Community Action</i>
5.	Professional Title	Volunteer	<i>Director</i>
1.	Status	Filled	
2.	First Name	Maria	
3.	Last Name	Cinquanti	
4.	Institutional Affiliation	Amsterdam Reads	
5.	Professional Title	Volunteer	

#### **4. Public Library System Transactions and Collection: Borrowers/Visits/Circulation/ Holdings**

##### **Borrowers/Visits/Circulation/Holdings**

4.1	Number of registered system borrowers	260	<i>254</i>
4.2	System Visits	1,121	<i>1,099</i>

## CIRCULATION

4.3	Total Cataloged Book Circulation	531	191
4.4	Total Circulation of Other Materials	142	232
4.5	Physical Item Circulation (Total questions 4.3 & 4.4)	673	423
4.6	Use of Electronic Material	8,076	9,157
4.7	Successful Retrieval of Electronic Information	0	0
4.8	Electronic Content Use (Total Questions 4.6 & 4.7)	8,076	9,157
4.9	Total Circulation of Materials (Total Questions 4.5 & 4.6)	8,749	9,580
4.10	Total Collection Use (Total Questions 4.7 & 4.9)	8,749	9,580

## GENERAL SYSTEM HOLDINGS

4.11	Total Cataloged Book Holdings	29,154	33,290
4.12	Uncataloged Book Holdings	1	0
4.13	Total Print Serial Holdings	26	26
4.14	All Other Print Materials Holdings	0	0
4.15	Total Print Materials (Total questions 4.11, 4.12, 4.13 and 4.14)	29,181	33,316
4.16	Electronic Books	15,732	14,733
4.17	Local Electronic Collections	1	1
4.18	Total Number of NOVELNY Databases	15	15
4.19	Total Electronic Collections (Total questions 4.16 + 4.17 )	15,733	14,734
4.20	Audio - Downloadable Units	4,463	3,953
4.21	Video - Downloadable Units	0	0
4.22	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	0
4.23	Total Electronic Materials (Total questions 4.18, 4.19, 4.20, 4.21 and 4.22)	20,211	18,702

Holdings Continued

## Non-Electronic Materials

4.24	Audio - Physical Units	1,477	1,764
4.25	Video - Physical Units	3,737	3,755
4.26	Other Non-Electronic Materials	247	259
4.27	<b>Total Other Materials Holdings (Total questions 4.24 through 4.26)</b>	5,461	5,778
4.28	<b>Grand Total Holdings (Total questions 4.15, 4.23 and 4.27)</b>	54,853	57,796

## ROTATING COLLECTIONS/BOOK LOANS

4.29	Does the system have rotating collections/bulk loans? (Enter Y for Yes, N for No)	Y	Y
4.30	Number of collections	253	253
4.31	Average number of items per collection	38	36

## 5. System Services

### ILS

## TECHNOLOGY AND RESOURCE SHARING

### INTEGRATED LIBRARY SYSTEM (ILS)

5.1	Does the system provide an integrated library automation system (ILS) for its member libraries? (Enter Y for Yes, N for No)	Y	Y
5.2	Indicate which modules of the system's ILS have been implemented (check all that apply):		
a.	Circulation	Yes	Yes
b.	Public Access Catalog	Yes	Yes
c.	Cataloging	Yes	Yes
d.	Acquisitions	Yes	Yes
e.	Inventory	Yes	Yes
f.	Serials Control	Yes	Yes
g.	Media Booking	No	No
h.	Community Information	No	No
i.	Electronic Resource Management	No	No
j.	Digital Collections Management	No	No
5.3	Identify ILS system vendor	III Polaris	III Polaris
5.4	How many member libraries fully participate in the ILS?	5	2
5.5	<b>% of member libraries participating (calculated field)</b>	35.71%	14.29%

5.6	How many member libraries participate in some ILS modules?	9	12
5.7	Indicate features of the system's ILS (check all that apply):		
a.	ILS shared with other library systems	Yes	Yes
b.	ILS software permits patron-initiated ILL	Yes	Yes
c.	ILL feature implemented and used	Yes	Yes
5.8	Number of titles in the ILS bibliographic database	722,737	697,683
5.9	Number of new titles added by the system in the reporting year	7,074	4,169
5.10	Number of Central Library Aid titles added in the reporting year	1,161	1,038
5.11	Number of new titles added by the members in the reporting year	18,381	13,844
5.12	<b>Total new titles (total questions 5.9 through 5.11)</b>	26,616	19,051

## Catalog

### UNION CATALOG OF RESOURCES

**For this report, a union catalog is defined as a vehicle that can access member and / or non-member catalogs. It can be either print, disc, or online (virtual) format.**

5.13 In what format(s) is the union catalog available? (Check all that apply):

a.	Print	No	No
b.	Disc	No	No
c.	Online (virtual catalog)	Yes	Yes
5.14	How many libraries participate in (or submit records for) the union catalog?	14	14
5.15	Is the system's union catalog shared with any other library system(s)? (Enter Y for Yes, N for No)	Y	Y
5.16	Number of titles in the system's union catalog	716,178	695,409
5.17	Number of holdings in the system's union catalog	597,050	619,419
5.18	Number of new titles added in the last year	14,301	13,553

5.19 Number of holdings added in the last year 42,761 40,162

5.20 If the union catalog is online (virtual catalog) Indicate the features of the system's virtual catalog (check all that apply):

- a. Non-member catalogs are included (if checked, please name non-member catalogs using the State note) No No
- b. Non-library catalogs are included (if checked, please name non-library catalogs using the State note) No No
- c. Patron-initiated ILL available and used through this catalog Yes Yes

#### UNION LIST OF SERIALS

- 5.21 Does the system have a union list of serials? (Enter Y for Yes, N for No. If No, enter zero (0) on question 5.22.) Y Y
- 5.22 How many libraries participate in (or submit records for) the union list of serials? 12 12

#### COMBINED SYSTEM UNION CATALOG AND UNION LIST OF SERIALS

- 5.23 Does the system's union catalog contain both books and serials? (Enter Y for Yes, N for No, or N/A) Y Y

#### Website/Interlibrary Loan/Delivery/Continuing Edu.

#### VISITS TO THE SYSTEM'S WEB SITE

5.24 Annual number of visits to the system's web site 82,261 81,122

#### SYSTEM INTERLIBRARY LOAN ACTIVITY

- 5.25 Total items provided (loaned) 84,593 72,734
- 5.26 Total items received (borrowed) 91,193 77,263
- 5.27 Total requests provided (loaned) unfilled 0 0
- 5.28 Total requests received (borrowed) unfilled 0 0
- 5.29 Total interlibrary loan activity (total questions 5.25 through 5.28) 175,786 149,997

#### DELIVERY

5.30 Indicate delivery methods used by the system (check all that apply):

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

a.	System courier (on the System's payroll)	No	No
b.	Other system's courier	No	No
d.	Contracted service (paid by System - not on payroll)	Yes	Yes
e.	U.S. Mail	Yes	Yes
f.	Commercial carrier (e.g., UPS, DHL, etc.)	No	No
g.	Other (specify using the note)	No	No
5.31	Number of stops (pick-up and delivery sites per week)	91	91

**CONTINUING EDUCATION/STAFF DEVELOPMENT  
Workshops/Meetings/Training Sessions**

**Resource sharing (ILL, collection development, etc.)**

5.32	Number of sessions	0	0
5.33	Number of participants	0	0

**Continuing Education Cont.**

**Technology**

5.34	Number of sessions	1	1
5.35	Number of participants	5	17

**Digitization**

5.36	Number of sessions	0	0
5.37	Number of participants	0	0

**Leadership**

5.38	Number of sessions	7	7
5.39	Number of participants	70	101

**Management & Supervisory**

5.40	Number of sessions	3	3
5.41	Number of participants	34	38

**Planning and Evaluation**

5.42	Number of sessions	8	4
5.43	Number of participants	35	25

**Awareness and Advocacy**

5.44	Number of sessions	3	1
5.45	Number of participants	44	7

**Trustee/Council Training**

5.46	Number of sessions	5	8
5.47	Number of participants	82	100

**Special Client Populations**

5.48	Number of sessions	1	1
5.49	Number of participants	18	18

**Children's Services/Birth to Kindergarten**

5.50	Number of sessions	3	8
------	--------------------	---	---

5.51	Number of participants	44	430
<b>Children's Services/Elementary Grade Levels</b>			
5.52	Number of sessions	4	17
5.53	Number of participants	74	519
<b>Young Adult Services/Middle and High School Grade Levels</b>			
5.54	Number of sessions	4	1
5.55	Number of participants	25	66
<b>General Adult Services</b>			
5.56	Number of sessions	6	4
5.57	Number of participants	78	32
5.58	<b>Other:</b> Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group.		N
1.	Topic	N/A	N/A
2.	Number of sessions	N/A	N/A
3.	Number of participants	N/A	N/A
5.59	<b>Grand Total Sessions</b> (total questions 5.32, 5.34, 5.36, 5.38, 5.40, 5.42, 5.44, 5.46, 5.48, 5.50, 5.52, 5.54, 5.56 and total of question #2 of Repeating Group #5)		45 55
5.60	<b>Grand Total Participants</b> (total questions 5.33, 5.35, 5.37, 5.39, 5.41, 5.43, 5.45, 5.47, 5.49, 5.51, 5.53, 5.55, 5.57 and total of question #3 of Repeating Group #5)		509 1,353
5.61	Do library system staff and/or trustees reach outside of the library system building to promote system programs and services through group presentations, information tables and/or other similar educational activities sponsored by the Library System?		N N

**Coordinated Services/Consulting/Reference**

**COORDINATED SERVICES**

5.62 Indicate which services the system provides (check all that apply):

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

a.	Coordinated purchase of print materials	Yes	Yes
b.	Coordinated purchase of non-print materials	Yes	Yes
c.	Negotiated pricing for licensed electronic collection purchases (not purchasing)	No	No
d.	Cataloging	Yes	Yes
e.	Materials processing	Yes	Yes
f.	Coordinated purchase of office supplies	Yes	Yes
g.	Coordinated computer services/purchases	Yes	Yes
h.	Virtual reference	No	No
i.	Other (describe using the note)	No	No
j.	N/A	No	No

**CONSULTING AND TECHNICAL ASSISTANCE SERVICES**

5.63	Number of contacts - Consulting with member libraries and/or branches on grants, and state and federal funding	435	467
5.64	Number of contacts - Consulting with member libraries and/or branches on funding and governance	959	961
5.65	Number of contacts - Consulting with member libraries and/or branches on charter and registration work	67	55
5.66	Number of contacts - Consulting with member libraries and/or branches on automation and technology	5,697	5,567
5.67	Number of contacts - Consulting with member libraries and/or branches on youth services	11,451	14,451
5.68	Number of contacts - Consulting with member libraries and/or branches on adult services	654	837
5.69	Number of contacts - Consulting with member	609	507

	libraries and/or branches on physical plant needs		
5.70	Number of contacts - Consulting with member libraries and/or branches on personnel and management issues	497	604
5.71	Number of contacts - Consulting with state and county correctional facilities	121	10
5.72	Number of contacts - Providing information to local, county, and state legislators and their staffs	120	117
5.73	Number of contacts - Providing system and member library information to the media	211	218
5.74	Number of contacts - Providing website development and maintenance for member libraries	333	213
5.75	Does the system provide other Consulting and Technical Assistance Services not listed above? Enter Y for Yes, N for No. If Yes, complete one record for each topic. If No, enter N/A for questions 1 and 2 of one repeating group.	Y	Y
1.	Topic	ILL	<i>Outreach</i>
2.	Number of contacts (all types)	212	126
1.	Topic	Delivery	<i>ILL</i>
2.	Number of contacts (all types)	1,121	156
1.	Topic	Outreach	<i>Delivery</i>
2.	Number of contacts (all types)	64	1,186
5.76	<b>Total other contacts</b> (total of question #2 of Repeating Group #6)	1,397	1,468
5.77	<b>Total number of contacts</b> (total of questions 5.63 through 5.74 and 5.76)	22,551	25,475
<b>REFERENCE SERVICES</b>			
5.78	Total Reference Transactions	159	171

**Special Clients/Fees**

**SERVICES TO SPECIAL CLIENTS  
(Direct and Contractual)**

5.79 Indicate services the system provides to special clients (check all that apply):

a.	Services for patrons with disabilities	Yes	Yes
b.	Services for patrons who are educationally disadvantaged	Yes	Yes
c.	Services for patrons who are aged	Yes	Yes
d.	Services for patrons who are geographically isolated	No	No
e.	Services for patrons who are members of ethnic or minority groups in need of special library services	No	No
f.	Services to patrons who are in institutions	Yes	Yes
g.	Services for unemployed and underemployed individuals	No	No
i.	N/A	No	No
5.80	Number of BOOKS BY MAIL loans	0	0
5.81	Number of member libraries with Job/Education Information Centers or collections	5	5
5.82	Number of State Correctional Facilities libraries served	1	1
5.83	Number of County Jails libraries served	3	3
5.84	Number of institutions served other than jails or correctional facilities	0	0
5.85	Does the system provide other special client services not listed above? If yes, complete one record for each service provided. If no, enter N/A in questions 1 and 2 of one repeating group.	N	Y
1.	Service provided	N/A	<i>Lip Reading Service</i>
2.	Number of facilities/institutions served	N/A	21
5.86	Does the system charge fees for any program or service? Enter Y for Yes; N for No. If yes, briefly describe using the	Y	Y

text box below; if no, enter  
N/A in Question 5.87.

5.87	Description of fees	The system charges fees for computer support, disc cleaning and some programs.	<i>Response has been entered.</i>
------	---------------------	--	-----------------------------------

**5A. COVID**

NOTE: This section of the survey (5A) collects data on the impact of the COVID-19 pandemic . Report all information in Part 5A from January 1, 2021 to December 31, 2021.

CV1	Was the library system headquarters building physically closed to the public/member library staff for any period of time due to the Coronavirus (COVID-19) pandemic?	No	<i>Yes</i>
-----	--	----	------------

CV3	Did the library system allow users to complete registration for system library cards online without having to come to the system during the Coronavirus (COVID-19) pandemic?	No	<i>Yes</i>
-----	--	----	------------

CV6	Enter the Number of Weeks System Headquarters Building Closed Due to COVID-19. This is the number of weeks during the year that due to the Coronavirus (COVID-19) pandemic, the library system headquarters building was physically closed, and the public/member library staff could not enter, when it otherwise would have been open.	0	<i>10</i>
-----	--	---	-----------

CV7	Enter the Number of Weeks a system headquarters building Had Limited Occupancy Due to COVID-19. This is the number of weeks during the year that a system headquarters building implemented limited public occupancy practices for in person services at the building in response to the Coronavirus (COVID-19) pandemic.	0	<i>23</i>
-----	---	---	-----------

**6. Operating Funds Receipts**

## Local Public Funds

### LOCAL PUBLIC FUNDS

6.1	Does the system receive county funding? Enter Y for Yes, N for No. If yes, please complete one record for each county. If No, enter N/A on questions 1 through 4 of one repeating group.	N	N
1.	County Name	N/A	N/A
2.	Amount	\$0	N/A
3.	Subject to Public Vote (Enter Y for Yes, N for No, or N/A)	N/A	N/A
4.	Written Contract (Enter Y for Yes, N for No, or N/A)	N/A	N/A
6.2	<b>Total County Funding</b>	\$0	\$0
6.3	All Other Local Public Funds	\$0	\$0
6.4	<b>Total Local Public Funds</b> (total questions 6.2 and 6.3)	\$0	\$0

### STATE AID RECEIPTS - arranged in alphabetical order

6.5	Adult Literacy Library Services Grants	\$5,532	\$3,695
6.6	Central Library Services Aid	\$195,160	\$77,410
6.8	Conservation/Preservation Grants	\$0	\$0
6.9	Construction for Public Libraries Aid	\$0	\$0
6.10	Coordinated Outreach Services Aid	\$89,695	\$59,804
6.11	Correctional Facilities Library Aid	\$7,426	\$4,951
6.12	County Jails Library Aid	\$4,682	\$3,121
6.14	Family Literacy Grants	\$9,956	\$6,653
6.18	Local Library Services Aid - Kept at System	\$0	\$0
6.19	Local Library Services Aid - Distributed to Members	\$92,183	\$56,253
6.20	<b>Total LLSA (total questions 6.18 and 6.19)</b>	\$92,183	\$56,253
6.21	Local Services Support Aid	\$74,930	\$45,725
6.22	Local Consolidated Systems Aid	\$0	\$0
6.26	Public Library System Basic Aid	\$848,496	\$565,732
6.27	Public Library System Supplementary Operational Aid	\$135,917	\$90,621

**State Aid**

6.36	Special Legislative Grants and Member Items	\$50,000	\$0
6.37	The New York Public Library - The Research Libraries	\$0	\$0
6.38	The New York Public Library, Andrew Heiskell Library for the Blind and Physically Handicapped Aid	\$0	\$0
6.39	The New York Public Library, City University of New York	\$0	\$0
6.40	The New York Public Library, Schomburg Center for Research in Black Culture Library Aid	\$0	\$0
6.41	The New York Public Library, Science, Industry and Business Library	\$0	\$0
6.42	Does the system receive state funding from other sources? Enter Y for Yes, N for No. (Report Special Legislative Grants and Member Items on Q 6.36).	N	Y

Complete one record for each grant. If the system does not receive other state aid, enter N/A on questions 1 and 2 of one repeating group.

1.	Funding Source	N/A	<i>NYSCA - Pen &amp; Ink</i>
2.	Amount	\$0	<i>\$5,000</i>

6.43	<b>Total Other State Aid (total question #2 of Repeating Group #9 above)</b>	\$0	<i>\$5,000</i>
6.44	<b>Total State Aid Receipts (total questions 6.5 through 6.14, questions 6.20 through 6.22, questions 6.26 through 6.27, questions 6.36 through 6.41, and question 6.43)</b>	\$1,513,977	<i>\$971,677</i>

**FEDERAL AID**

6.45	Library Services and Technology Act (LSTA)	\$0	\$0
6.46	Does the system receive any other Federal Aid (specify Act and Title) e.g., NEH, NEA, etc.? Enter Y for Yes, N for No.	N	N

Complete one record for each grant. If the system does not receive other federal aid, enter N/A on questions 1 and 2 of one repeating group

1.	Funding Source	Federal Cares Act Grant	<i>N/A</i>
2.	Amount	\$37,306	<i>\$0</i>
1.	Funding Source	SBA - Payroll Protection Program	
2.	Amount	\$95,700	

**Federal Aid/Contracts**

6.47	<b>Total Other Federal Aid (total questions #2 of Repeating Group #10 above)</b>	\$133,006	<i>\$0</i>
6.48	<b>Total Federal Aid (total questions 6.45 and 6.47)</b>	\$133,006	<i>\$0</i>

**CONTRACTS WITH LIBRARIES, LIBRARY SYSTEMS AND/OR OTHER INSTITUTIONS IN NEW YORK STATE**

6.49	Does the system contract with libraries, library systems or other institutions in New York State? Enter Y for Yes, N for No.	<i>N</i>
------	--	----------

Complete one record for each contract. If the system does not contract, enter N/A on questions 1, 2 and 3 of one repeating group.

1.	Contracting Agency	<i>N/A</i>	<i>N/A</i>
2.	Contracted Service	<i>N/A</i>	<i>N/A</i>
3.	Total Contract Amount	<i>\$0</i>	<i>\$0</i>

6.50	<b>Total Contracts (total question #3 of Repeating Group #11 above)</b>	<i>\$0</i>	<i>\$0</i>
------	---	------------	------------

**MISCELLANEOUS RECEIPTS**

6.51	Gifts, Endowments, Fundraising, Foundations (include Gates Grants here; specify project number(s) and dollar amount using the state note)	\$17,468	<i>\$39,647</i>
6.53	Income from Investments	\$1,946	<i>\$2,652</i>

**Miscellaneous**

Proceeds from Sale of Property

6.54	Real Property	<i>\$0</i>	<i>\$0</i>
6.55	Equipment	<i>\$0</i>	<i>\$0</i>
6.56	Does the system have other miscellaneous receipts in categories not listed in questions 6.51 through 6.55? Enter Y for Yes, N for No.	<i>Y</i>	<i>Y</i>

Complete one record for each income category. If the system does not have other miscellaneous receipts, enter N/A on questions 1 and 2 of one repeating group.

1.	Receipt category	Computer Equipment - Reimbursable	<i>Annual Dinner</i>
2.	Amount	\$83,177	\$0
1.	Receipt category	Electronic Materials - Reimbursable	<i>Computer Equipment - Reimbursable</i>
2.	Amount	\$96,061	\$77,403
1.	Receipt category	Member Fees (ILS-JA) - Reimbursable	<i>Electronic Materials - Reimbursable</i>
2.	Amount	\$230,630	\$92,693
1.	Receipt category	Other Materials - Reimbursable	<i>Member Fees (ILS-JA) - Reimbursable</i>
2.	Amount	\$1,600	\$238,651
1.	Receipt category	Office & Library Supplies - Reimbursable	<i>Miscellaneous - Other Income</i>
2.	Amount	\$563	\$866
6.57	<b>Total Other Miscellaneous Receipts (total question #2 of Repeating Group #12 above)</b>	\$412,031	\$413,501
6.58	<b>Total Miscellaneous Receipts (total questions 6.51 through 6.55 and question 6.57)</b>	\$431,445	\$455,800
6.59	<b>TOTAL OPERATING FUND RECEIPTS - Total Local Public Funds, Total State Aid, Total Federal Aid, Total Contracts, and Total Miscellaneous Receipts (total questions 6.4, 6.44, 6.48, 6.50, and 6.58)</b>	\$2,078,428	\$1,427,477
6.60	<b>BUDGET LOANS</b>	\$0	\$95,700

**Transfers/Grand Total**

**TRANSFERS**

6.61	Transfers from Capital Fund (Same as question 9.6)	\$0	\$0
6.62	Transfers from Other Funds	\$0	\$0
6.63	<b>Total Transfers (total questions 6.61 and 6.62)</b>	\$0	\$0
6.64	CASH BALANCE -	\$1,098,839	\$1,088,754

Beginning of Current Fiscal Reporting Year: Public Library Systems - January 1, 2021. (Same as closing cash balance at the end of previous fiscal reporting year: Public Library Systems - December 31, 2020.)

6.67	GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS, AND BALANCE/ROLLOVER (Public Library Systems - total questions 6.59, 6.60, 6.63 and 6.64 - must agree with question 7.82)	\$3,177,267	\$2,611,931
------	--	-------------	-------------

## 7. Operating Fund Disbursements

### Staff/Collection/Grants/Capital

#### STAFF EXPENDITURES

##### Salaries

7.1	System Director and Librarians	\$243,837	\$261,954
7.2	Other Staff	\$127,881	\$150,761
7.3	<b>Total Salary and Wages Expenditures (total questions 7.1 and 7.2)</b>	\$371,718	\$412,715
7.4	Employee Benefits Expenditures	\$179,931	\$154,878
7.5	<b>Total Staff Expenditures (total questions 7.3 and 7.4)</b>	\$551,649	\$567,593

#### COLLECTION EXPENDITURES

7.6	Print Materials Expenditures	\$30,602	\$21,700
7.7	Electronic Materials Expenditures	\$92,063	\$104,039
7.8	Other Materials Expenditures	\$2,634	\$2,198
7.9	<b>Total Collection Expenditures (total questions 7.6 through 7.8)</b>	\$125,299	\$127,937

#### GRANTS TO MEMBER LIBRARIES

##### Cash Grants Paid From

7.10	Local Library Services Aid (LLSA)	\$92,183	\$56,253
7.11	Central Library Services Aid (CLSA)	\$106,695	\$89,390
7.15	Other State Aid/Grants (e.g., Construction, Special	\$51,027	\$198

	Legislative or Member Grants)		
7.16	Federal Aid	\$0	\$0
7.17	Other cash grants paid from system funds	\$27,724	\$13,666
7.18	<b>Total Cash Grants (total questions 7.10 through 7.17)</b>	\$277,629	\$159,507
7.19	Book/Library Materials Grants	\$0	\$20,436
7.20	Other Non-Cash Grants	\$14,670	\$1,244
7.21	<b>Total Grants to Member Libraries (total questions 7.18 through 7.20)</b>	\$292,299	\$181,187

#### **CAPITAL EXPENDITURES FROM OPERATING FUNDS**

7.22	Bookmobile	\$0	\$0
7.23	Other Vehicles	\$0	\$0
7.24	Computer Equipment	\$1,800	\$0
7.25	Furniture/Furnishings	\$0	\$0
7.26	Other Capital Expenditures	\$0	\$0
7.27	<b>Total Capital Expenditures from Operating Fund (total questions 7.22 through 7.26)</b>	\$1,800	\$0

#### **Capital Cont./Operation and Maintenance/Misc.**

#### **TOTAL CAPITAL EXPENDITURES BY SOURCE OF FUNDS**

7.28	From Local Public Funds (71PF)	\$0	\$0
7.29	From Other Funds (71OF)	\$1,800	\$0
7.30	<b>Total Capital Expenditures by Source (total questions 7.28 and 7.29; same as question 7.27)</b>	\$1,800	\$0

#### **OPERATION AND MAINTENANCE OF BUILDINGS**

##### Repairs To Buildings and Building Equipment by Source of Funds

7.31	From Local Public Funds (72PF)	\$0	\$0
7.32	From Other Funds (72OF)	\$2,698	\$6,312
7.33	<b>Total Repairs to Buildings and Building Equipment (total questions 7.31 and 7.32)</b>	\$2,698	\$6,312
7.34	Other Building & Maintenance Expenses	\$28,278	\$23,188
7.35	<b>Total Operation and Maintenance of Buildings (total questions 7.33 and 7.34)</b>	\$30,976	\$29,500

#### **MISCELLANEOUS EXPENSES**

7.36	Total Operation &	\$243	\$1,332
------	-------------------	-------	---------

Maintenance of Bookmobiles  
and Other Vehicles

7.37	Office and Library Supplies	\$418	\$522
7.38	Equipment	\$0	\$0
7.39	Telecommunications	\$3,550	\$3,382
7.40	Postage and Freight	\$637	\$657
7.41	Publicity and Printing	\$4,624	\$0
7.42	Travel	\$493	\$2,011
7.43	Fees for Consultants and Professionals - Please include a Note with the consultants' or vendors' names and a brief description of the service(s) provided.	\$12,420	\$9,739
7.44	Membership Dues - Please include a State Note listing Professional Organization Memberships for which dues are being paid.	\$5,203	\$4,013
7.45	Does the system have other miscellaneous expenses in categories not listed in questions 7.36 through 7.44? Enter Y for Yes, N for No.	Y	Y

Complete one record for each expense category. If the system does not have other miscellaneous expenses, enter N/A on questions 1 and 2 of one repeating group.

1.	Expense category	Automation	<i>Annual Meeti</i>
2.	Amount	\$117,896	\$0
1.	Expense category	Bank Fees	<i>Automation F</i>
2.	Amount	\$72	\$126,541
1.	Expense category	Delivery Fee	<i>Delivery Fee</i>
2.	Amount	\$146,184	\$119,118
1.	Expense category	JA Equipment	<i>JA Equipment</i>
2.	Amount	\$100,232	\$85,222
1.	Expense category	JA Fees - IL	<i>JA Fees - IL</i>
2.	Amount	\$242,337	\$239,882
1.	Expense category	Member Libra	<i>Member Libra</i>
2.	Amount	\$503	\$286
1.	Expense category	Programs	<i>Programs</i>
2.	Amount	\$15	\$2,296
1.	Expense category	Rental, Main	<i>Rental, Main</i>

2.	Amount	\$3,205	\$3,900
1.	Expense category	Software - C	
2.	Amount	\$130	

**Miscellaneous Cont./Contracts/Debt Service**

7.46	<b>Total Other Miscellaneous Expenses</b> (total question #2 of Repeating Group #13)	\$610,574	\$577,245
7.47	<b>Total Miscellaneous Expenses</b> (total questions 7.36 through 7.45 and 7.47)	\$638,162	\$598,901

**CONTRACTS WITH LIBRARIES and/or LIBRARY SYSTEMS IN NEW YORK STATE**

7.48	Does the system contract with libraries and/or library systems in New York State? Enter Y for Yes, N for No.	Y	Y
------	---	---	---

Complete one record for each contract. If the system does not contract, enter N/A on questions 1, 2, and 3 of one repeating group.

1.	Contracting Agency (specify using the State note)	MVLS/SALS Joint Automation Project	<i>MVLS/SALS Joint Automation Project</i>
2.	Contracted Service (specify using the State note)	Cataloging	<i>Cataloging</i>
3.	Total Contract Amount	\$6,626	\$7,228
1.	Contracting Agency (specify using the State note)	Southern Adirondack Library System	<i>Southern Adirondack Library System</i>
2.	Contracted Service (specify using the State note)	Cataloging	<i>Cataloging</i>
3.	Total Contract Amount	\$376	\$746
7.49	<b>Total Contracts</b> (total question #3 of Repeating Group #14 above)	\$7,002	\$7,974

**DEBT SERVICE**

Capital Purposes Loans (Principal and Interest)

7.50	From Local Public Funds (73PF)	\$0	\$0
7.51	From Other Funds (73OF)	\$0	\$0
7.52	<b>Total Capital Purposes Loans</b> (total questions 7.50 and 7.51)	\$0	\$0

**Transfers**

Other Loans

7.53	Other Loans	\$95,700	\$0
7.54	<b>Total Debt Service</b> (total questions 7.52 and 7.53)	\$95,700	\$0
7.55	<b>TOTAL TOTAL DISBURSEMENTS - Total Staff Expenditures, Total Collection Expenditures, Total Grants to Member Libraries, Total Capital Expenditures, Total Operation and Maintenance of Buildings, Total Miscellaneous Expenses, Total Contracts, and Total Debt Service</b> (total questions 7.5, 7.9, 7.21, 7.27, 7.35, 7.47, 7.49, and 7.54)	\$1,742,887	\$1,513,092

**TRANSFERS**

Transfers to the Capital Fund

7.56	From Local Public Funds (76PF)	\$0	\$0
7.57	From Other Funds (76OF)	\$0	\$0
7.58	<b>Total Transfers to Capital Fund</b> (total questions 7.56 and 7.57; same as question 8.2)	\$0	\$0
7.59	<b>Total Transfers to Other Funds</b>	\$0	\$0
7.60	<b>Total Transfers</b> (total questions 7.58 and 7.59)	\$0	\$0
7.61	<b>TOTAL DISBURSEMENTS AND TRANSFERS</b> (total questions 7.55 and 7.60)	\$1,742,887	\$1,513,092

Cash Balance/Grand Total/Audit/Bank Balance

7.62	<b>CLOSING CASH BALANCE at the End of the Current Fiscal Reporting Year (For Public Library Systems - December 31, 2021)</b>	\$1,434,380	\$1,098,839
7.82	<b>GRAND TOTAL DISBURSEMENTS, TRANSFERS, &amp; ENDING BALANCE</b> (total questions 7.61 and 7.62)	\$3,177,267	\$2,611,931

## FISCAL AUDIT

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

7.83	Last audit performed (mm/dd/yyyy)	10/21/2021	09/17/2020
7.84	Time period covered by this audit (mm/dd/yyyy - mm/dd/yyyy)	01/01/2020 - 12/31/2020	01/01/19 - 12/31/2019
7.85	Indicate type of audit (select one from drop-down):	Private Accounting Firm	Private Accounting Firm

## ACCOUNT INFORMATION

Complete one record for each financial account

1.	Name of bank or financial institution	NBT Bank	NBT Bank
2.	Amount of funds on deposit	\$1,434,389	\$1,098,848
7.86	<b>Total Bank Balance</b> (total question #2 of Repeating Group #15)	\$1,434,389	\$1,098,848
7.87	Does the system have a Capital Fund? Enter Y for Yes, N for No. If yes, please complete the Capital Fund Report. If no, stop here.	N	N

## 8. Capital Fund Receipts

### State Aid and Grants for Capital Projects

8.1	<b>Total Revenue From Local Sources</b>	\$0	\$0
8.2	<b>Transfer From Operating Fund</b> (same as question 7.58)	\$0	\$0

### STATE AID FOR CAPITAL PROJECTS

8.3	State Aid Received for Construction	\$0	\$0
-----	-------------------------------------	-----	-----

### ALL OTHER AID AND/OR GRANTS FOR CAPITAL PROJECTS

8.4	Does the system receive any other aid and/or grants for capital projects. Enter Y for Yes, N for No. If yes, complete one record for each award. If no, enter N/A on questions 1 and 2 of one repeating group.	N	N
1.	Contracting Agency	N/A	N/A
2.	Amount	\$0	\$0

**Totals/Cash Balance**

8.5	<b>Total Aid and/or Grants</b> (total question #2 of Repeating Group #16 above)	\$0	\$0
8.6	<b>TOTAL RECEIPTS - Revenues from Local Sources, Interfund Revenue, State Aid for Capital Projects, and All Other Aid and/or Grants for Capital Projects</b> (total questions 8.1, 8.2, 8.3, and 8.5)	\$0	\$0
8.7	<b>NONREVENUE RECEIPTS</b>	\$0	\$0
8.8	<b>TOTAL RECEIPTS - Total Receipts and Nonrevenue Receipts</b> (total questions 8.6 and 8.7)	\$0	\$0
8.9	<b>CASH BALANCE -</b> Beginning of Current Fiscal Reporting Year: Public Library Systems - January 1, 2021. (Same as closing cash balance at the end of previous fiscal reporting year: Public Library Systems - December 31, 2020.)	\$0	\$0

**Grand Total**

8.10	<b>TOTAL RECEIPTS AND CASH BALANCE</b> (total questions 8.8 and 8.9)	\$0	\$0
------	--	-----	-----

**9. Capital Fund Disbursements**

**Project Expenditures/Cash Balance**

**PROJECT EXPENDITURES**

9.1	Total Construction	\$0	\$0
9.2	Incidental Construction	\$0	\$0
9.3	Books and Library Materials	\$0	\$0
9.4	Total Other Disbursements	\$0	\$0
9.5	<b>Total Project Expenditures</b> (total questions 9.1 through 9.4)	\$0	\$0

9.6	<b>TRANSFER TO OPERATING FUND</b> (Same as question 6.61)	\$0	\$0
9.7	<b>TOTAL NONPROJECT EXPENDITURES</b>	\$0	\$0
9.8	<b>TOTAL DISBURSEMENTS - Total Project Expenditures, Transfer to Operating Fund, and Total Nonproject Expenditures</b> (total questions 9.5 through 9.7)	\$0	\$0
9.9	<b>CLOSING CASH BALANCE IN CAPITAL FUND at the End of the Current Fiscal Year</b> (December 31, 2021, for Public Library Systems)	\$0	\$0

**Grand Total**

9.10	<b>TOTAL DISBURSEMENTS AND CASH BALANCE</b> (total questions 9.8 and 9.9)	\$0	\$0
------	--	-----	-----

## 12. Projected Annual Budget For Library Systems

### Public Library Systems Budget for January 1, 2022 - December 31, 2022

#### PROJECTED OPERATING FUND - RECEIPTS

12.1	Total Operating Fund Receipts (include Local Aid, State Aid, Federal Aid, Contracts and Miscellaneous Receipts)	\$1,690,784	\$1,485,866
12.2	Budget Loans	\$0	\$0
12.3	Total Transfers	\$0	\$0
12.4	Cash Balance/Ending Balance in Operating Fund at the end of the previous fiscal year (For Public Library Systems, opening balance on January 1, 2022 must be the same as the December 31, 2021, closing balance reported on Q7.62 of the 2021 annual report)	\$1,434,380	\$1,098,839
12.5	<b>Grand Total Operating Fund Receipts, Budget Loans, Transfers and Ending Balance</b> (total questions 12.1 through 12.4)	\$3,125,164	\$2,584,705

## PROJECTED OPERATING FUND - DISBURSEMENTS

12.6	Total Operating Fund Disbursements (include Staff Expenditures, Collection Expenditures, Grants to Member Libraries, Capital Expenditures from Operating Funds, Operation and Maintenance of Buildings, Miscellaneous Expenses, Contracts with Libraries and Library Systems in New York State and Debt Service)	\$1,702,403	\$1,658,589
12.7	Total Transfers	\$0	\$0
12.8	Cash Balance/Ending Balance in Operating Fund at the end of the fiscal year (For Public Library Systems, balance as of December 31, 2022)	\$1,422,761	\$926,116
12.9	<b>Grand Total Operating Fund Disbursements, Transfers and Ending Balance (total questions 12.6 through 12.8)</b>	\$3,125,164	\$2,584,705

## PROJECTED CAPITAL FUND - RECEIPTS

12.10	Capital Fund Receipts (include Revenues from Local Sources, Transfer from Operating Fund, State Aid for Capital Projects and All Other Aid for Capital Projects)	\$0	\$0
12.11	Nonrevenue Receipts	\$0	\$0
12.12	<b>Cash Balance in Capital Fund at the end of the previous fiscal year (For Public Library Systems, opening balance on January 1, 2022, must be the same as the December 31, 2021, closing balance reported on Q9.9 of the 2021 annual report)</b>	\$0	\$0
12.13	<b>Grand Total Capital Fund Receipts and Balance (total questions 12.10 through 12.12)</b>	\$0	\$0

## PROJECTED CAPITAL FUND - DISBURSEMENTS

12.14	Capital Fund Disbursements (include Project Expenditures, Transfer to Operating Fund and Nonproject Expenditures)	\$0	\$0
12.15	Cash Balance in Capital Fund at the end of the current fiscal	\$0	\$0

year  
(For Public Library Systems,  
December 31, 2022)

12.16 **Grand Total Capital Fund  
Disbursement, Transfers, and  
Balance (Sum of questions  
12.14 and 12.15)** \$0 \$0

### 13. State Formula Aid Disbursements

#### Public Library Systems Basic Aid

#### **PUBLIC LIBRARY SYSTEMS BASIC AID, SUPPLEMENTAL AID and either LOCAL LIBRARY SERVICES AID and LOCAL SERVICES SUPPORT AID or LOCAL CONSOLIDATED SERVICES AID (Brooklyn, New York Public and Queens Borough only)**

**Statutory Reference (Basic Aid):** Education Law § 272, 273(1)(a, c, d, e, n)  
Commissioners Regulations 90.3

**Statutory Reference (LLSA):** Education Law § 272, 273(1)(f)(1)  
Commissioners Regulations 90.3 and 90.9  
The formula is \$0.31 per capita of a member library's chartered services area with a minimum of \$1,500 per library with formula equity to 1991 LLIA.

**Statutory Reference (LSSA):** Education Law § 272, 273(1)(f)(2)  
Commissioners Regulations 90.3 and 90.10  
The formula is \$0.31 per capita for system population living outside the chartered service areas of member libraries plus 2/3 members LLSA.

**Statutory Reference (LCSA):** Education Law § 272, 273(1)(f)(3)  
Commissioners Regulations 90.3  
The formula is \$0.31 per capita plus 2/3 of per capita total with formula equity to 1991 LLIA.

**Statutory Reference (Supplemental):** Education Law § 273(11)(a)  
The formula is a base grant of \$39,000 and an amount equal to 10.94% of the amount of Basic Aid provided under Education Law § 273(1)(a, c, d, e, and n).

**BECPL Special Aid:** Education Law § 273(1)(l)  
Annual sum of \$50,000 for a continuity of service project. (Included in Basic Aid Payment)

**Brooklyn Special Aid:** Education Law § 273(1)(k)  
Annual sum of \$350,000 for business library. (Included in Basic Aid Payment)

**Nassau Special Aid:** Education Law § 273(1)(m)

13.1.1-13.1.2 **Professional Salaries:** Indicate total FTE and salaries for all professional system employees.

13.1.1 Total Full-Time Equivalents 2 2.5

	(FTE)		
13.1.2	Total Expenditure for Professional Salaries	\$189,070	\$230,207
13.1.3-13.1.4	<b>Other Staff Salaries:</b> Indicate total FTE and salaries for all other system employees.		
13.1.3	Total Full-Time Equivalents (FTE)	2.8	3.1
13.1.4	Total Expenditure for Other Staff Salaries	\$128,318	\$150,761
13.1.5	<b>Employees Benefits:</b> Indicate the total expenditures for all system employee fringe benefits.	\$148,263	\$152,753
13.1.6	<b>Purchased Services:</b> Did the system expend funds for purchased services? Enter Y for Yes, N for No.	Y	Y

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	Delivery/courier	<i>Delivery/courier</i>
2.	Provider of Services	Arnoff Global Logistics	<i>Arnoff Global Logistics</i>
3.	Expenditure	\$146,184	<i>\$119,118</i>
1.	Expenditure Category	Building and maintenance expenses	<i>Building and maintenance expenses</i>
2.	Provider of Services	Various	<i>Various</i>
3.	Expenditure	\$30,976	<i>\$29,362</i>
1.	Expenditure Category	Consultant fees/professional fees	<i>Institutional membership dues</i>
2.	Provider of Services	TM Byxbee	<i>Various</i>
3.	Expenditure	\$3,750	<i>\$4,013</i>
1.	Expenditure Category	Consultant fees/professional fees	<i>Telecommunications</i>
2.	Provider of Services	Sky River	<i>Spectrum</i>
3.	Expenditure	\$7,001	<i>\$3,382</i>
1.	Expenditure Category	Consultant fees/professional fees	<i>Consultant fees/professional fees</i>
2.	Provider of Services	EOS Technologies	<i>T.W.Byxbee</i>
3.	Expenditure	\$3,205	<i>\$3,750</i>
1.	Expenditure Category	Consultant fees/professional fees	<i>Consultant fees/professional fees</i>
2.	Provider of Services	Paychex	<i>Kathryn McCary</i>
3.	Expenditure	\$1,955	<i>\$625</i>
1.	Expenditure Category	Consultant fees/professional fees	<i>Consultant fees/professional fees</i>

2.	Provider of Services	Various	<i>Sky River</i>
3.	Expenditure	\$5,715	<i>\$7,974</i>
1.	Expenditure Category	Institutional membership dues	<i>Consultant fees/professional fees</i>
2.	Provider of Services	Various	<i>EOS Technologies</i>
3.	Expenditure	\$5,203	<i>\$3,900</i>
1.	Expenditure Category	Telecommunications	<i>Consultant fees/professional fees</i>
2.	Provider of Services	Spectrum	<i>Paychex</i>
3.	Expenditure	\$3,550	<i>\$1,686</i>
1.	Expenditure Category	Printing	
2.	Provider of Services	Various	
3.	Expenditure	\$4,624	
1.	Expenditure Category	Library systems vendor contract for automation (e.g, integrated library system, virtual union catalog)	
2.	Provider of Services	MVLS/SALS Joint Automation Project	
3.	Expenditure	\$117,896	
13.1.7	<b>Total Expenditure - Purchased Services</b>	\$330,059	<i>\$173,810</i>
13.1.8	<b>Supplies and Materials:</b> Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.	Y	<i>Y</i>

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	Office/library supplies and postage	<i>Office/library supplies and postage</i>
2.	Expenditure	\$2,944	<i>\$1,906</i>
1.	Expenditure Category	Books and other print materials	<i>Books and other print materials</i>
2.	Expenditure	\$2,830	<i>\$1,546</i>
13.1.9	<b>Total Expenditure - Supplies and Materials</b>	\$5,774	<i>\$3,452</i>
13.1.10	<b>Travel Expenditures:</b> Did the system expend funds for	Y	<i>Y</i>

travel? Enter Y for Yes, N for No.

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

1.	Type of Travel	System Staff Travel	<i>System Staff Travel</i>
2.	Expenditure	\$736	\$3,343

13.1.11 **Total Expenditures - Travel** \$736 \$3,343

13.1.12 **Equipment and Furnishings:** Did the system 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.

	N	N
--	---	---

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.	Type of Item	N/A	N/A
2.	Quantity	N/A	N/A
3.	Unit Cost	N/A	N/A
4.	Expenditure	N/A	N/A

13.1.13 **Total Expenditure - Equipment and Furnishings** \$0 \$0

13.1.14 **Local Library Services Aid Expenditures:** Indicate the total expenditures to member libraries for Local Library Services Aid.

	\$92,182	\$56,253
--	----------	----------

13.1.15 **Grants to Member Libraries:** Did the system expend funds for grants to member libraries? Enter Y for Yes, N for no.

	Y	Y
--	---	---

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

1.	Recipient	All member libraries	<i>Sharon Springs Free Library</i>
2.	Allocation	\$7,075	\$200
3.	Project Description (no more than 300 words)	MVLS provides NYLA memberships to all member libraries	<i>Response has been entered.</i>

1.	Recipient	Member Libraries	<i>Gloversville Public Library</i>
2.	Allocation	\$1,027	\$500
3.	Project Description (no more than 300 words)	MVLS provides grants to all members to cover continuing education costs.	<i>Response has been entered.</i>

1.	Recipient	Schoharie Free Library
----	-----------	------------------------

2.	Allocation	\$500	
3.	Project Description (no more than 300 words)	Annual Library Award	
1.	Recipient	Schenectady Cty Public Library	
2.	Allocation	\$200	
3.	Project Description (no more than 300 words)	Annual Volunteer Award	
13.1.16	<b>Total Expenditures - Grants for Member Libraries</b>	\$8,802	\$700
13.1.17	<b>Total Expenditure (total 13.1.2, 13.1.4, 13.1.5, 13.1.7, 13.1.9, 13.1.11, 13.1.13, 13.1.14, and 13.1.16)</b>	\$903,204	\$771,279
13.1.18	<b>Cash Balance at the Opening of the Fiscal Year</b> NOTE: The opening balance must be the same as the closing balance of the previous year.	\$389,685	\$198,885
13.1.19	<b>Total Allocation from 2021 - 2022 State Aid:</b>	\$961,940	\$962,079
13.1.20	<b>Total Available Before Expenditures (total 13.1.18 + 13.1.19)</b>	\$1,351,625	\$1,160,964
13.1.21	<b>Cash Balance at the End of the Current Fiscal Year (total 13.1.19 + 13.1.18 - 13.1.17)</b>	\$448,421	\$389,685
13.1.22	<b>Final Narrative:</b> Provide a brief narrative, no more than fifteen hundred (1500) words, describing the major activities carried out with these State Aid Funds.	MVLS provides services to member libraries using basic state aid funds. These funds pay for MVLS staff expertise and consulting, the cooperative ILS and delivery services. An open position will be filled in 2022, increasing system expenditures. Accomplishments are covered in section 14.	<i>Response has been entered.</i>

**Central Library Services Aid**

CENTRAL LIBRARY SERVICES AID (CLSA)

**Statutory** Education Law § 273(1)(b)  
**Reference:** Commissioners Regulations 90.4  
Central Library Services Aid is \$0.32 per capita with a minimum amount of \$105,000 and an additional \$71,500.

Include in this category CLSA expenditures for services and library materials. CLSA funds which are expended for library materials must be used for adult non-fiction and foreign language, including electronic content.

See

<http://www.nysl.nysed.gov/libdev/clda/index.html>

for more information.

13.2.1-13.2.2 **Professional Salaries:** Indicate total FTE and salaries for all professional system employees (paid from CLSA funds).

13.2.1	Total Full-Time Equivalents (FTE)	N/A	0
13.2.2	Total Expenditure for Professional Salaries	\$0	\$0

13.2.3-13.2.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees (paid from CLSA funds).

13.2.3	Total Full-Time Equivalents (FTE)	0	0
13.2.4	Total Expenditures for Other Staff Salaries	\$0	\$0

13.2.5	<b>Employee Benefits:</b> Indicate the total expenditures for all system employee benefits (paid from CLSA funds).	\$0	\$0
--------	--	-----	-----

13.2.6	<b>Purchased Services:</b> Did the system expend funds for purchased services? Enter Y for Yes, N for No.	Y	N
--------	---	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	Commercial electronic content vendor contracts	N/A
2.	Provider of Services	Overdrive	N/A
3.	Expenditure	\$31,466	N/A

13.2.7	<b>Total Expenditure - Purchased Services</b>	\$31,466	\$0
--------	---	----------	-----

13.2.8	<b>Supplies and Materials:</b> Did the system 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.	Y	N
--------	--	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	Adult non-fiction and foreign language library materials - print	N/A
----	----------------------	--	-----

2.	Expenditure	\$20,152	N/A
----	-------------	----------	-----

13.2.9	<b>Total Expenditure - Supplies and Materials</b>	\$20,152	\$0
--------	---	----------	-----

13.2.10	<b>Travel Expenditures:</b> Did the system expend funds for travel? Enter Y for Yes, N for No.	N	N
---------	--	---	---

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	N/A	N/A
----	----------------	-----	-----

2.	Expenditure	N/A	N/A
----	-------------	-----	-----

13.2.11	<b>Total Expenditures - Travel</b>	\$0	\$0
---------	------------------------------------	-----	-----

13.2.12	<b>Equipment and Furnishings:</b> Did the system 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.	N	N
---------	--	---	---

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	N/A	N/A
----	--------------	-----	-----

2.	Quantity	N/A	N/A
----	----------	-----	-----

3.	Unit cost	N/A	N/A
----	-----------	-----	-----

4.	Expenditure	N/A	N/A
----	-------------	-----	-----

13.2.13	<b>Total Expenditure - Equipment and Furnishings</b>	\$0	\$0
---------	--	-----	-----

13.2.14	<b>Grants to Central/Co-Central Libraries:</b> Did the system expend funds for grants to central/co-central libraries? Enter Y for Yes, N for No.	Y	Y
---------	---	---	---

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

1.	Recipient	Schenectady County Public Library	<i>Schenectady County Public Library</i>
----	-----------	-----------------------------------	--

2.	Allocation	\$106,695	\$89,390
----	------------	-----------	----------

3.	Project Description (no more than 300 words)	The Schenectady County Public provides services according to the	<i>Response has been entered.</i>
----	--	--	-----------------------------------

spending plan approved by both boards of trustees.

13.2.15	Total Expenditure - Grants to Central/Co-Central Libraries	\$106,695	\$89,390
13.2.16	<b>Total Expenditure (total 13.2.2, 13.2.4, 13.2.5, 13.2.7, 13.2.9, 13.2.11, 13.2.13, and 13.2.15)</b>	\$158,313	\$89,390
13.2.17	<b>Cash Balance at the Opening of the Fiscal Year</b> NOTE: The opening balance must be the same as the closing balance of the previous year.	\$226,672	99,320.00
13.2.17a	CBA Cash Balance at the Opening of the Fiscal Year	\$119,980	\$119,980
13.2.17b	CLDA Cash Balance at the Opening of the Fiscal Year	106,692.00	106,692.00
13.2.18	<b>Total Allocation from 2021 - 2022 State Aid:</b>	\$162,629	\$96,762
13.2.19	Total Available Before Expenditures (total 13.2.17 + 13.2.18)	\$389,301	\$196,082
13.2.20	<b>Cash Balance at the end of the Current Fiscal Year (total 13.2.18 + 13.2.17 - 13.2.16)</b>	230,988.00	106,692.00
13.2.21	<b>Final Narrative:</b> Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.	Central Library Services have been a challenge during COVID. MVLS is exploring changes that will improve services and spend down the balance.	<i>Response has been entered.</i>

**Coordinated Outreach Library Services Aid**

**COORDINATED OUTREACH LIBRARY SERVICES AID**

**Statutory Reference:** Education Law § 273(1)(h)  
Commissioners Regulations 90.3

Beginning with 2021 report, Year 3 Adult and Family Literacy allocations and expenses should be included in Coordinated Outreach Services Aid.

13.4.1-13.4.2 **Professional Salaries:** Indicate total FTE and salaries for all professional system employees.

13.4.1	Total Full-Time Equivalents (FTE)	1	.4
--------	-----------------------------------	---	----

13.4.2	Total Expenditure for Professional Salaries	\$54,330	\$31,747
--------	---	----------	----------

13.4.3-13.4.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees.

13.4.3	Total Full-Time Equivalents (FTE)	0	0
--------	-----------------------------------	---	---

13.4.4	Total Expenditure for Other Staff Salaries	\$0	\$0
--------	--	-----	-----

13.4.5	<b>Employee Benefits:</b> Indicate the total expenditures for all system employee benefits.	\$31,668	\$0
--------	---	----------	-----

13.4.6	<b>Purchased Services:</b> Did the system expend funds for purchased services? Enter Y for Yes, N for No.	N	N
--------	---	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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 allowable expenditure; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

1.	Expenditure Category	N/A	N/A
2.	Provider of Services	N/A	N/A
3.	Expenditure	N/A	N/A

13.4.7	<b>Total Expenditure - Purchased Services</b>	\$0	\$0
--------	---	-----	-----

13.4.8	<b>Supplies and Materials:</b> Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.	Y	Y
--------	--	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	Books and other print materials	<i>Books and other print materials</i>
2.	Expenditure	\$3,218	<i>\$1,044</i>

13.4.9	<b>Total Expenditure - Supplies and Materials</b>	3,218	<i>1,044</i>
--------	---	-------	--------------

13.4.10	<b>Travel Expenditures:</b> Did the system expend funds for travel? Enter Y for Yes, N for No. Indicate the total expenditures for system employee travel only in this category.	N	N
---------	--	---	---

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

1.	Type of Travel	N/A	N/A
2.	Expenditure	N/A	N/A

13.4.11 **Total Expenditure - Travel** \$0 \$0

13.4.12 **Equipment and Furnishings:** Did the system 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. N N

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	N/A	N/A
2.	Quantity	N/A	N/A
3.	Unit Cost	N/A	N/A
4.	Expenditure	N/A	N/A

13.4.13 **Total Expenditure - Equipment and Furnishings** \$0 \$0

13.4.14 Did the system expend funds on grants to member libraries? Enter Y for Yes, N for No. N N

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

1.	Recipient	N/A	N/A
2.	Allocation	N/A	N/A
3.	Description of Project		

13.4.15 **Total Expenditure - Grants to Member Libraries** \$0 \$0

13.4.16 **Total Expenditure (total 13.4.2, 13.4.4, 13.4.5, 13.4.7, 13.4.9, 13.4.11, 13.4.13, and 13.4.15)** \$89,216 \$32,791

13.4.17 **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. \$41,964 \$0

13.4.18 **Total Allocation from 2021 - 2022 State Aid:** \$87,644 \$74,755

13.4.19 **Total Available Before Expenditures (total 13.4.17 + 13.4.18)** \$129,608 \$74,755

13.4.20 **Cash Balance at the End of** \$40,392 \$41,964

**the Current Fiscal Year  
(total 13.4.18 + 13.4.17 -  
13.4.16)**

13.4.21 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.

The salary & benefits are for our Outreach Coordinator, who has forged many partnerships with regional organizations and provided services to member libraries. Books are large type books that are available to all member libraries.

*Response has been entered.*

**Services to County Jails Aid**

SERVICE TO COUNTY JAILS (INTERINSTITUTIONAL) AID

**Statutory Reference:** Education Law § 285(2)

The intent of the Services to County Jails Program is to provide basic reading materials for those individuals who are incarcerated short term in county jails across the State. Examples of appropriate spending include books and magazine / newspaper subscriptions which are acceptable to the institution (Supplies & Materials), as well as programs such as Job Information and other topics directly relevant to the county jail incarcerated individuals' needs (Purchased Services). Salaries and benefits for system personnel providing programs and services to county jails are also appropriate expenditures.

13.5.1-13.5.2 **Professional Salaries:** Indicate total FTE and salaries for all professional system employees

13.5.1 Total Full-Time Equivalents (FTE) 0

13.5.2 Total Expenditure for Professional Salaries \$0

13.5.3-13.5.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees

13.5.3 Total Full-Time Equivalents (FTE) 0

13.5.4 Total Expenditures for Other Staff Salaries \$0

13.5.5 **Employee Benefits:** Indicate the total expenditures for all system employee benefits \$0

13.5.6 **Purchased Services:** Did the system expend funds for purchased services? Enter Y for Yes, N for No. N N

**Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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 allowable expenditure; if no, enter N/A for questions 1, 2, and 3 of one repeating group.

1.	Expenditure Category	N/A	N/A
2.	Provider of Services	N/A	N/A
3.	Expenditure	N/A	N/A

13.5.7	<b>Total Expenditure - Purchased Services</b>	\$0	\$0
13.5.8	<b>Supplies and Materials:</b> Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.	Y	Y

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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 type of item purchased; if no, enter N/A for questions 1 and 2 of one repeating group.

1.	Expenditure Category	Office/library supplies and postage	<i>Books and other print materials</i>
2.	Expenditure	\$3,117	\$10

13.5.9	<b>Total Expenditure - Supplies and Materials</b>	\$3,117	\$10
--------	---	---------	------

13.5.10	<b>Total Expenditure (total 13.5.7, and 13.5.9)</b>	3,117.00	10.00
---------	---	----------	-------

13.5.11	<b>Cash Balance at the Opening of the Fiscal Year:</b> NOTE: The opening balance must be the same as the closing balance from the previous year.	\$4,207	\$315
---------	---	---------	-------

13.5.12	<b>Total Allocation from 2021 - 2022 State Aid</b>	\$3,901	\$3,902
---------	--	---------	---------

13.5.13	<b>Total Available Before Expenditures (total 13.5.11 + 13.5.12)</b>	\$8,108	\$4,217
---------	--	---------	---------

13.5.14	<b>Cash Balance at the End of the Current Fiscal Year (total 13.5.12 + 13.5.11 - 13.5.10)</b>	\$4,991	\$4,207
---------	---	---------	---------

13.5.15	<b>Final Narrative:</b> Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds.	Services at jails was reduced due to COVID. We restarted materials purchasing for the Schenectady, Fulton and Montgomery county jails, and are working on getting things started at the new Schoharie County Jail.	<i>Response has been entered.</i>
---------	---	--	-----------------------------------

State Correctional Aid

**THE FOLLOWING QUESTIONS ARE FOR SYSTEMS WITH STATE CORRECTIONAL FACILITIES ONLY**

STATE CORRECTIONAL FACILITIES AID

**Statutory** Education Law § 285 (1)

**Reference:** Commissioners Regulations 90.14

The amount provided in Education Law is \$9.25 per incarcerated individual. Please see the State Corrections Program Guidelines at

[www.nysl.nysed.gov/libdev/outreach/corrgdln.htm](http://www.nysl.nysed.gov/libdev/outreach/corrgdln.htm)

for more information.

13.6.1-13.6.2 **Professional Salaries:** Indicate total FTE and salaries for all system professional employees.

13.6.1	Total Full-Time Equivalents (FTE)	0	0
13.6.2	Total Expenditure for Professional Salaries	\$0	\$0

13.6.3-13.6.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees.

13.6.3	Total Full-Time Equivalents (FTE)	0	0
13.6.4	Total Expenditure for Other Staff Salaries	\$0	\$0

13.6.5	<b>Employee Benefits:</b> Indicate the total expenditures for all system employee benefits.	\$0	\$0
--------	---	-----	-----

13.6.6	<b>Purchased Services:</b> Does the system expend funds for purchased services? Enter Y for Yes, N for No.	N	N
--------	--	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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	N/A	N/A
2.	Provider of Services	N/A	N/A
3.	Expenditure	N/A	N/A

13.6.7	<b>Total Expenditure - Purchased Services</b>	0	0
--------	---	---	---

13.6.8	<b>Supplies and Materials:</b> Did the system expend funds for supply items, postage, library materials, or equipment and furnishings with a unit cost less than \$5,000? Enter Y for Yes, N for No.	N	N
--------	--	---	---

Note: For questions which include a choice of "Other" in a drop-down menu, please add a 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 type of item purchased; if no, enter N/A for questions 1 and 2 of one repeating group.

1.	Expenditure Category	N/A	N/A
2.	Expenditure	N/A	N/A

13.6.9 **Total Expenditure - Supplies and Materials** \$0 \$0

13.6.10 **Travel Expenditures:** Did the system expend funds for travel? Enter Y for Yes, N for No. N N

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

1.	Type of Travel	N/A	N/A
2.	Expenditure	N/A	N/A

13.6.11 **Total Expenditure - Travel** \$0 \$0

13.6.12 **Equipment and Furnishings:** Did the system 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. N N

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	N/A	N/A
2.	Quantity	N/A	N/A
3.	Unit Cost	N/A	N/A
4.	Expenditure	N/A	N/A

13.6.13 **Total Expenditure - Equipment and Furnishings** 0.00 0.00

13.6.14 **Total Expenditure (total 13.6.2, 13.6.4, 13.6.5, 13.6.7, 13.6.9, 13.6.11, and 13.6.13)** \$0 \$0

13.6.15 **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. \$10,920 \$4,731

13.6.16 **Total Allocation from 2021 - 2022 State Aid:** \$6,188 \$6,189

13.6.17 **Total Available Before Expenditures (total 13.6.15 + 13.6.16)** \$17,108 \$10,920

13.6.18	<b>Cash Balance at the End of the Current Fiscal Year (total 13.6.16 + 13.6.15 - 13.6.14)</b>	\$17,108	\$10,920
13.6.19	<b>Final Narrative:</b> Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds	The Hale Creek facility has been without a staff librarian for over 2 years. We are working on getting things restarted in 2022.	<i>Response has been entered.</i>

## 14. Summary of Library System Accomplishments

### System Accomplishments

Using the goals from Section 4 in the approved 2017-2021 System Plan of Service, **BRIEFLY** describe the final results of each element for Year 5 (2021).

14.1	Element 1: Resource Sharing - Results	E-books, e-audio, CD audio and DVDs are purchased and shared among the member libraries. Rotating collections are maintained by the system for the members including Large Print, graphic novels, children's and teen titles, and holiday books. Full service ILS maintained and used by all members Technology service including computer support and network maintained for all locations Delivery made to every open location a minimum of 3x per week facilitated within the system and with outside agencies	<i>Response has been entered.</i>
14.2	Element 2: Special Client Groups - Results	Facilitated Adult Literacy Projects at member libraries Coordinate with social service agencies in four counties. Work with 3 county jails and the Hale Creek correctional Facility. Coordinate the Summer Reading program for member libraries. Helped members with early literacy services including 1000 Books Before Kindergarten and Picture Book City.	<i>Response has been entered.</i>
14.3	Element 3: Professional Development and Continuing Education - Results	All member libraries have staff participate in CE programs/workshops. Assist member library staff with attending the annual NYLA conference and other CE opportunities.	<i>Response has been entered.</i>

14.5	Element 5: Consulting and Development Services - Results	Member libraries assisted with a wide variety of governance, management and library operations. Assist member libraries with the state annual report. Computers and other technology purchases done in bulk for all members.	<i>Response has been entered.</i>
14.6	Element 6: Coordinated Services - Results	Coordinate orders for supplies acquired for members. System provides computer disc maintenance and die-cuts to members. Supplies - paper, CD cases etc. - purchased in bulk.	<i>Response has been entered.</i>
14.7	Element 7: Awareness and Advocacy - Results	MVLS coordinates member participation in statewide advocacy efforts. System works with all libraries and assisted 4 libraries on local funding issues. Developed grant program to assist members with advocacy.	<i>Response has been entered.</i>
14.8	Element 8: Communication among Member Libraries and/or Branch Libraries - Results	MVLS coordinates Directors' Council meetings. System coordinates group discussions among members on variety of topics including collection development, purchasing & processing, circulation etc. and/or policies and children's services. Maintain system blog and Facebook pages to share Information.	<i>Response has been entered.</i>
14.9	Element 9: Cooperative Efforts with Other Library Systems - Results	MVLS and SALS maintain a shared ILS and computer services, benefiting all member Libraries. Work regularly with UHLS and CDLC on resource sharing, adult and youth services.	<i>Response has been entered.</i>
14.10	Element 10: Construction - Results	Four member libraries assisted with new construction applications. Five ongoing projects were assisted with SHPO, bidding and other issues.	<i>Response has been entered.</i>
14.11	Element 11: Central Library - Results	The Central Library was very challenged to meet its responsibilities due to COVID and county funding and control issues. The system is exploring options to make central library services less subject to county interference.	<i>Response has been entered.</i>
14.12	Element 12: Direct Access - Results	System worked with residents in the un-served area of Broadalbin	<i>Response has been entered.</i>

to explore the formation of a new library All but 7% or system population is served by a member library through charter or contract. One member library enlarged its service area in 2021.

14.13 Element 13: Other Goal(s) - Results N/A *Response has been entered.*

**15. Current system URL's**

15.1	System Home Page URL	www.mvls.info	<i>www.mvls.info</i>
15.2	URL of Current List of Members	www.mvls.info/members/	<i>www.mvls.info/members/</i>
15.3	URL of Current Governing Bylaws	www.mvls.info/wp-content/uploads/2021/10/MVLS-BYLAWS-2021.pdf	<i>www.mvls.info/wp-content/uploads/2015/04/MVLS-BYLAWS-Rev-10-15-2015.pdf</i>
15.4	URL of Evaluation Form	www.mvls.info/wp-content/uploads/2021/10/MVLS-Survey-2021-Survey-Form.pdf	<i>www.mvls.info/wp-content/uploads/2016/04/Survey-2016-final.pdf</i>
15.5	URL of Evaluation Results	www.mvls.info/wp-content/uploads/2021/12/MVLS-Member-Staff-Survey-2021-Full-Responses.pdf	<i>https://www.mvls.info/wp-content/uploads/2016/04/Preliminary-Survey-Summary.pdf</i>
15.6	URL of Central Library Plan	www.mvls.info/wp-content/uploads/2021/10/Mohawk-Valley-Library-System-Central-Library-Plan-of-Service-for-2022-2026-Final-1.pdf	<i>www.mvls.info/wp-content/uploads/2016/12/Central-Library-Plan-2017.pdf</i>
15.7	URL of Direct Access Plan	www.mvls.info/wp-content/uploads/2021/10/MVLS-2022-Free-Direct-Access-Plan.pdf	<i>www.mvls.info/wp-content/uploads/2016/12/MVLS-2017-Free-Direct-Access-Plan.pdf</i>

**16. Assurance and Contact Information**

**CONTACT INFORMATION**

16.1	Contact name (person completing report)	Eric Trahan	<i>Eric Trahan</i>
16.2	Contact telephone number (enter 10 digits only and hit the Tab key)	(518) 355-2010	<i>(518) 355-2010</i>
16.3	Contact e-mail address	etrahan@mvls.info	<i>etrahan@mvls.info</i>

**ASSURANCE**

16.4	The Library System operated under its approved Plan of Service in accordance with the provisions of Education Law and the Regulations of the Commissioner, and assures that this "Annual Report" was reviewed and accepted by the System	04/21/2022	<i>04/15/2021</i>
------	--	------------	-------------------

Board/Council on (date -  
mm/dd/yyyy)

**APPROVAL** (for New York State Library use only/not a required field)

16.5 The Library System's Annual Report and Projected Annual Budget were reviewed and approved by the New York State Library on (date - mm/dd/yyyy).

4/21/2021

### **Suggested Improvements**

Library System

Mohawk Valley Library Association

*Mohawk Valley Library Association*

Name of Person Completing Form

Eric Trahan/Joe Sherry

*Eric Trahan/Joe Sherry*

Phone Number and Extension (enter area code, telephone number and extension only):

5183552010

*5183552010223*

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!

1. Edit checks identify issues that need correction. There are way too many issues that are not caught by automatic edit checks but are identified through human review.  
2. So much of this report amounts to unnecessary busywork. Many answers are the same from year to year. It is a waste of time to type everything over again each year.