

# Onondaga County Public Library

## Annual Report for Library Systems - 2016 (Public Library Systems 2016)

### 1. General System Information

1.1	SEDCODE	421800700017
1.2	System Name	Onondaga County Public Library
1.3	Beginning Reporting Year	1/1/2016
1.4	Ending Reporting Year	12/31/2016
1.5	Street Address	The Galleries of Syracuse, 447 S. Salina St
1.6	City	Syracuse
1.7	Zip Code	13202
1.8	Four-Digit Zip Code Extension (enter N/A if unknown)	2494
1.9	Mailing Address	The Galleries of Syracuse, 447 S. Salina St
1.10	City	Syracuse
1.11	Zip Code	13202
1.12	Four-Digit Zip Code Extension (enter N/A if unknown)	2494
1.13	Library System Telephone Number (enter 10 digits only and hit the Tab key)	(315) 435-1900
1.14	Fax Number (enter 10 digits only)	(315) 435-8533
1.15	System Home Page URL	www.onlib.org
1.16	URL of the system's complete Plan of Service	<a href="http://www.onlib.org/sites/default/files/OCPL%20Plan-of-Service-2017-2021-approved.pdf">http://www.onlib.org/sites/default/files/OCPL%20Plan-of-Service-2017-2021-approved.pdf</a>
<b>State:</b> Our website has changed		
1.17	Population Chartered to Serve (2010 Census)	467,026
1.18	Area Chartered to Serve (square miles)	778
1.19	Federal Employer Identification Number	156000461
1.20	County	Onondaga
1.21	County (Counties) Served	Onondaga

1.22 School District Syracuse City School District

1.23 Title of System Director:  
(drop-down): Mr., Mrs., Ms., Ms.  
Miss, Dr.

1.24 First Name of System Director Susan

1.25 Last Name of System Director Mitchell

1.26 NYS Public Librarian  
Certification Number of the  
Director of Public Library  
System, and Reference and 27258  
Research Library Resources  
System.

1.31 Telephone Number of the  
System Director, including  
area code and extension  
(enter digits only, field will  
automatically format with  
extension) (315) 435-7777

1.32 E-Mail Address of the System  
Director director@onlib.org

1.33 Fax Number of the System  
Director (enter 10 digits only  
and hit the Tab key) (315) 435-8533

1.34 Name of Outreach  
Coordinator Mark Allnatt

1.47 Is the library system a  
member of the New York  
State and Local Retirement  
System? Y

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 through 5 of one  
repeating group. N

1. Name of Contracting  
Municipality or District N/A

2. Is this a written contract?  
(Enter Y for Yes, N for No) N/A

3. Population of the geographic  
area served by this contract N/A

4. Dollar amount of contract N/A

5. Indicate "Full" or "Partial" range of services provided by this contract (Select one) 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 State note. Y

**State:** We completed our renovation of the Central Library. We closed for one week to move in. Our people counters were removed in May not replaced.

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 35 week used to compute FTE for all budgeted positions.

### 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 1  
Position FTE

2.5 Public Library System  
Director per CR 90.3(f) - 0  
Vacant Position FTE

2.10 Librarians - Filled Position(s) 40  
FTE

2.11 Librarians - Vacant  
Position(s) FTE 3

2.12 Outreach Coordinator  
(certified) per CR 90.3 (1)(2) 1  
(iii) - Filled Position FTE

2.13 Outreach Coordinator  
(certified) per CR 90.3 (1)(2) 0  
(iii) - Vacant Position FTE

2.14 **Total Certified Librarians -**

	Filled Position(s) FTE (total questions 2.4 + 2.6 + 2.8 + 2.10 + 2.12)	42.00
2.15	Total Certified Librarians - Vacant Position(s) FTE (total questions 2.5 + 2.7 + 2.9 + 2.11 + 2.13)	3.00
2.16	Total Other Professional Staff - Filled Position(s) FTE	6
2.17	Total Other Professional Staff - Vacant Position(s) FTE	1
2.18	Total Other Staff - Filled Position(s) FTE	48
2.19	Total Other Staff - Vacant Position(s) FTE	9.5
2.20	Total Paid Staff - Filled Position(s) FTE (total questions 2.14 + 2.16 + 2.18)	96.00
2.21	Total Paid Staff - Vacant Position(s) FTE (total questions 2.15 + 2.17 + 2.19)	13.50

SALARY INFORMATION

2.22	Entry-Level Librarian (certified) FTE	1
2.23	Entry-Level Librarian (certified) Current Annual Salary	\$46,409
2.24	System Director FTE	1
2.25	System Director Current Annual Salary	\$106,921

**3. System Membership, Outlets and Governance**

PUBLIC SERVICE OUTLETS

3.9	Number of member libraries	19
3.15	Main Library/System Headquarters	1
3.16	Branches	10
3.17	Bookmobiles	0
3.18	Reading Centers	0
3.19	Other Outlets	0

**State:** Due to the changes in E-rate definitions, the two community center libraries are now counted as branches

**State:** Due to the changes in E-rate definitions, the two community center libraries are now counted as branches

- 3.20 **Total Public Service Outlets**  
(total questions 3.15 through 3.19) 11
- 3.21 Name of Central Library/Co-Central Libraries Onondaga County Public Library

**BOARD/COUNCIL MEETINGS**

- 3.22 Total number of public library system/3Rs board meetings or school library system council meetings held during reporting year 11
- 3.24 Current number of voting positions on system board/council 11
- 3.25 Term length for system board/council members 5 years

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

- 3.26 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.

**SYSTEM BOARD/COUNCIL**

Public Library Systems - enter information for the period January 1, 2017, through December 31, 2017.

School Library Systems and 3Rs Systems - enter information for the period July 1, 2017, through June 30, 2018

President/Council Chair

- 3.27 Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Mr.
- 3.28 First Name Edward
- 3.29 Last Name Kochian
- 3.30 Institutional Affiliation NA
- 3.31 Professional Title NA
- 3.32 Mailing Address 2005 Pine Bluff
- 3.33 City Skaneateles
- 3.34 Zip Code (enter five digits only) 13152
- 3.35 Telephone for the Board President (enter 10 digits only) N/A

- and hit the Tab key)
- 3.36 E-mail Address ekochian12@gmail.com
- 3.37 Term Begins - Month January
- 3.38 Term Begins - Year (yyyy) 2017
- 3.39 Term Expires - Month or N/A December
- 3.40 Term Expires - Year (YYYY) or N/A 2021
- 3.41 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
- 3.42 The date the board president took the Oath of Office (mm/dd/yyyy) 1/18/17
- 3.43 The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 1/19/17
- 3.44 Is this a brand new trustee? Y

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. The number of Council members must be 5 to 11 (no less than five and no more than 11

1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant
2. First Name Jill
3. Last Name Hurst-Wahl
4. Institutional Affiliation Syracuse University
5. Professional Title Associate Professor
6. Mailing Address Syracuse University 208 Hinds Hall
7. City Syracuse
8. Zip Code (enter five digits only) 13244
9. Term Begins - Month October
10. Term Begins - Year (yyyy) 2016
11. Term Expires - Month or N/A December

12. Term Expires - Year (YYYY) or N/A 2017

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). no

**State:** Finishing a term of a trustee who resigned

14. The date the trustee took the Oath of Office (mm/dd/yyyy) 1/18/17

15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 1/19/17

16. Is this a brand new trustee? Y

1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Mr.

2. First Name Timothy

3. Last Name Dodge

4. Institutional Affiliation NA

5. Professional Title NA

6. Mailing Address 4310 Lazybrook Circle

7. City Liverpool

8. Zip Code (enter five digits only) 13088

9. Term Begins - Month January

10. Term Begins - Year (yyyy) 2016

11. Term Expires - Month or N/A December

12. Term Expires - Year (YYYY) or N/A 2020

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). Yes

14. The date the trustee took the Oath of Office (mm/dd/yyyy) 1/20/16
15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 1/21/16
16. Is this a brand new trustee? N
1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Ms.
2. First Name Babette
3. Last Name Morgan-Baker
4. Institutional Affiliation NA
5. Professional Title NA
6. Mailing Address 460 Kirk Ave
7. City Syracuse
8. Zip Code (enter five digits only) 13205
9. Term Begins - Month January
10. Term Begins - Year (yyyy) 2013
11. Term Expires - Month or N/A December
12. Term Expires - Year (YYYY) or N/A 2017
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). yes
14. The date the trustee took the Oath of Office (mm/dd/yyyy) 1/9/13
15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 1/10/13
16. Is this a brand new trustee? N
1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Ms.



- |     |  |                     |
|-----|--|---------------------|
| 2.  | First Name   | Debbie              |
| 3.  | Last Name  | Stack               |
| 4.  | Institutional Affiliation  | WCNY                |
| 5.  | Professional Title   | NA                  |
| 6.  | Mailing Address  | 202 Orchard Drive W |
| 7.  | City   | North Syracuse      |
| 8.  | Zip Code (enter five digits only)  | 13212               |
| 9.  | Term Begins - Month  | January             |
| 10. | Term Begins - Year (yyyy)  | 2014                |
| 11. | Term Expires - Month or N/A  | December            |
| 12. | Term Expires - Year (YYYY) or N/A  | 2018                |
| 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). | yes                 |
| 14. | The date the trustee took the Oath of Office (mm/dd/yyyy)  | 1/8/14              |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)   | 1/9/14              |
| 16. | Is this a brand new trustee?   | N                   |
- 
- |    |   |                              |
|----|---|------------------------------|
| 1. | Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant | Mrs.                         |
| 2. | First Name  | Virginia                     |
| 3. | Last Name   | Biesiada                     |
| 4. | Institutional Affiliation   | Pioneer Companies            |
| 5. | Professional Title  | Chief Administrative Officer |
| 6. | Mailing Address   | 333 W. Washington Street     |

7. City Syracuse
8. Zip Code (enter five digits only) 13202
9. Term Begins - Month January
10. Term Begins - Year (yyyy) 2015
11. Term Expires - Month or N/A December
12. Term Expires - Year (YYYY) or N/A 2019
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). yes
14. The date the trustee took the Oath of Office (mm/dd/yyyy) 01/25/15
15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 01/26/15
16. Is this a brand new trustee? N
1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Mr. Other (specify using the State note), Vacant
2. First Name Richard
3. Last Name Engel
4. Institutional Affiliation Mackenzie Hughes
5. Professional Title Attorney
6. Mailing Address 101 S Salina Street
7. City Syracuse
8. Zip Code (enter five digits only) 13202
9. Term Begins - Month January
10. Term Begins - Year (yyyy) 2016
11. Term Expires - Month or N/A December
12. Term Expires - Year (YYYY) or N/A 2020

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). yes
14. The date the trustee took the Oath of Office (mm/dd/yyyy) 01/16/2016
15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 01/17/2016
16. Is this a brand new trustee? N
1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Mr.
2. First Name Robert
3. Last Name Manning
4. Institutional Affiliation NA
5. Professional Title NA
6. Mailing Address 3138 Hidden Lake Drive
7. City Baldwinsville
8. Zip Code (enter five digits only) 13027
9. Term Begins - Month January
10. Term Begins - Year (yyyy) 2017
11. Term Expires - Month or N/A December
12. Term Expires - Year (YYYY) or N/A 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). yes
14. The date the trustee took the Oath of Office (mm/dd/yyyy) 01/18/2017

15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 01/19/2017

16. Is this a brand new trustee? N

1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Ms.

2. First Name Cristina

3. Last Name Ondrako

4. Institutional Affiliation Grossman St Amour CPA

5. Professional Title CPA

6. Mailing Address 110 W Fayette St

7. City Syracuse

8. Zip Code (enter five digits only) 13202

9. Term Begins - Month January

10. Term Begins - Year (yyyy) 2015

11. Term Expires - Month or N/A December

12. Term Expires - Year (YYYY) or N/A 2019

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). yes

14. The date the trustee took the Oath of Office (mm/dd/yyyy) 01/15/15

15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 01/16/15

16. Is this a brand new trustee? N

1. Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant Ms.

2. First Name Merike

- |     |  |                                |
|-----|--|--------------------------------|
| 3.  | Last Name  | Treier                         |
| 4.  | Institutional Affiliation  | Downtown Committee of Syracuse |
| 5.  | Professional Title   | Executive Director             |
| 6.  | Mailing Address  | 115 W Fayette Street           |
| 7.  | City   | Syracuse                       |
| 8.  | Zip Code (enter five digits only)  | 13202                          |
| 9.  | Term Begins - Month  | January                        |
| 10. | Term Begins - Year (yyyy)  | 2014                           |
| 11. | Term Expires - Month or N/A  | December                       |
| 12. | Term Expires - Year (YYYY) or N/A  | 2018                           |
| 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). | yes                            |
| 14. | The date the trustee took the Oath of Office (mm/dd/yyyy)  | 01/17/2014                     |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)   | 01/18/2014                     |
| 16. | Is this a brand new trustee?   | N                              |
| 1.  | Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant  | Mrs.                           |
| 2.  | First Name   | Marilyn                        |
| 3.  | Last Name  | Tucci                          |
| 4.  | Institutional Affiliation  | NA                             |
| 5.  | Professional Title   | NA                             |
| 6.  | Mailing Address  | 7272 Henry Clay Blvd #206      |
| 7.  | City   | Liverpool                      |

8. Zip Code (enter five digits only) 13088
9. Term Begins - Month January
10. Term Begins - Year (yyyy) 2015
11. Term Expires - Month or N/A December
12. Term Expires - Year (YYYY or N/A) 2019
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). yes
14. The date the trustee took the Oath of Office (mm/dd/yyyy) 01/15/15
15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) 01/16/15
16. Is this a brand new trustee? N

#### COORDINATED OUTREACH COUNCIL

- 3.45 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). Y

Coordinated Outreach Council Members - complete one record for each Council Member for the period January 1, 2017, through December 2017. For each vacant position, select "Vacant" in question 1 and enter N/A in questions 2-5 of the repeating group. 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 State Note of explanation when "Other" is chosen Also please see individual instructions for these questions for any further requirements.

1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Mr. Other (specify using the State note), Vacant
2. First Name Mark
3. Last Name Allnatt
4. Institutional Affiliation Onondaga County Public Library
5. Professional Title Outreach Coordinator
1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant

2. First Name Anne  
3. Last Name Costa  
4. Institutional Affiliation Aurora of CNY  
5. Professional Title Assistant Director  
1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant

2. First Name JoAnne  
3. Last Name Decker  
4. Institutional Affiliation Onondaga County Dept of Adult and Long Term Care Services  
5. Professional Title Director

1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant

2. First Name Adria  
3. Last Name Ripka  
4. Institutional Affiliation CNY Works  
5. Professional Title Career Consultant

1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Mr. Other (specify using the State note), Vacant

2. First Name Philip  
3. Last Name Prehn  
4. Institutional Affiliation Arise  
5. Professional Title Statewide System Advocate

1. Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Ms. Other (specify using the State note), Vacant

2. First Name Robin

- |    |   |                                |
|----|---|--------------------------------|
| 3. | Last Name   | Morgan                         |
| 4. | Institutional Affiliation   | Literacy CNY                   |
| 5. | Professional Title  | Program Manager                |
| 1. | Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant | Mrs.                           |
| 2. | First Name  | Susan                          |
| 3. | Last Name   | Morgan                         |
| 4. | Institutional Affiliation   | Onondaga Free Library          |
| 5. | Professional Title  | Director                       |
| 1. | Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant | Mr.                            |
| 2. | First Name  | David                          |
| 3. | Last Name   | Selover                        |
| 4. | Institutional Affiliation   | AccessCNY                      |
| 5. | Professional Title  | TRAID Program Coordinator      |
| 1. | Title (drop down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), Vacant | Mrs.                           |
| 2. | First Name  | Amy                            |
| 3. | Last Name   | Thorna                         |
| 4. | Institutional Affiliation   | Onondaga County Public Library |
| 5. | Professional Title  | Literacy Coordinator           |

#### 4. Public Library System Transactions and Collections

- |     |                                       |         |
|-----|---------------------------------------|---------|
| 4.1 | Number of registered system borrowers | 87,303  |
| 4.2 | System Visits                         | 834,733 |

#### CIRCULATION

- |     |                                  |         |
|-----|----------------------------------|---------|
| 4.3 | Total Cataloged Book Circulation | 357,000 |
|-----|----------------------------------|---------|



4.4	Total Circulation of Other Materials	319,016
4.5	Physical Item Circulation (Total questions 4.3 & 4.4)	676,016
4.6	Use of Electronic Material	88,785
4.7	Successful Retrieval of Electronic Information	338,192

**Local:** Database usage, hoopla and freegal

4.8	Electronic Content Use (Total Questions 4.6 & 4.7)	426,977
4.9	Total Circulation of Materials (Total Questions 4.5 & 4.6)	764,801
4.10	Total Collection Use (Total Questions 4.7 & 4.9)	1,102,993

**GENERAL SYSTEM HOLDINGS**

4.11	Total Cataloged Book Holdings	348,175
4.12	Uncataloged Book Holdings	1,432
4.13	Total Print Serial Holdings	4,832
4.14	All Other Print Materials Holdings	786
4.15	Total Number of NOVELNY Databases	10
4.16	Total Electronic Holdings	57,099
4.17	Other Non-Electronic Materials	50,184
4.18	Grand Total Holdings (total questions 4.11 through 4.17)	462,518

**ROTATING COLLECTIONS/BOOK LOANS**

4.19	Does the system have rotating collections/bulk loans? (Enter Y for Yes, N for No)	Y
4.20	Number of collections	5
4.21	Average number of items per collection	20

**5. System Services  
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

5.2 Indicate which modules of the system's ILS have been implemented (check all that apply):

- |    |                                |     |
|----|--------------------------------|-----|
| a. | Circulation                    | Yes |
| b. | Public Access Catalog          | Yes |
| c. | Cataloging                     | Yes |
| d. | Acquisitions                   | Yes |
| e. | Inventory                      | Yes |
| f. | Serials Control                | Yes |
| g. | Media Booking                  | No  |
| h. | Community Information          | Yes |
| i. | Electronic Resource Management | No  |
| j. | Digital Collections Management | Yes |

5.3 Identify ILS system vendor Innovative

5.4 How many member libraries fully participate in the ILS? 21

**State:** I am counting all physical library buildings. NOPL has two branch libraries.

5.5 % of member libraries participating (calculated field) 110.53%

5.6 How many member libraries participate in some ILS modules? 0

5.7 Indicate features of the system's ILS (check all that apply):

- |    |   |     |
|----|---|-----|
| a. | ILS shared with other library systems     | No  |
| b. | ILS software permits patron-initiated ILL | Yes |
| c. | ILL feature implemented and used          | No  |

5.8 Number of titles in the ILS bibliographic database 682,033

5.9 Number of new titles added by the system in the reporting 85,845

- year
- 5.10 Number of Central Library Aid titles added in the reporting year 105
- 5.11 Number of new titles added by the members in the reporting year 108,430
- 5.12 Total new titles (total questions 5.9 through 5.11) 194,380

### 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
- b. Disc No
- c. Online (virtual catalog) Yes

5.14 How many libraries participate in (or submit records for) the union catalog? 32

5.15 Is the system's union catalog shared with any other library system(s)? (Enter Y for Yes, N for No) N

5.16 Number of titles in the system's union catalog 1,753,531

5.17 Number of holdings in the system's union catalog 2,091,756

5.18 Number of new titles added in the last year 191,723

5.19 Number of holdings added in the last year 194,275

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

### 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.)

5.22 How many libraries participate in (or submit records for) the union list of serials? 32

**State:** In 2016 the whole system is now participating in the serials module.

**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

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

5.24 Annual number of visits to the system's web site 1,400,836

**SYSTEM INTERLIBRARY LOAN ACTIVITY**

5.25 Total items provided (loaned) 193,589

5.26 Total items received (borrowed) 250,419

5.27 Total requests provided (loaned) unfilled 5,140

5.28 Total requests received (borrowed) unfilled 8,682

5.29 Total interlibrary loan activity (total questions 5.25 through 5.28) 457,830

**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 State 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) Yes

b. Other system's courier No

d. Contracted service (paid by System - not on payroll) No

e. U.S. Mail Yes

f. Commercial carrier (e.g., UPS, DHL, etc.) Yes

g. Other (specify using the State note) No

5.31 Number of stops (pick-up and delivery sites per week) 160

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

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

5.32	Number of sessions	6
5.33	Number of participants	30

**Technology**

5.34	Number of sessions	50
5.35	Number of participants	56

**Digitization**

5.36	Number of sessions	0
5.37	Number of participants	0

**Leadership**

5.38	Number of sessions	3
5.39	Number of participants	5

**Management & Supervisory**

5.40	Number of sessions	8
5.41	Number of participants	11

**Planning and Evaluation**

5.42	Number of sessions	12
5.43	Number of participants	47

**Awareness and Advocacy**

5.44	Number of sessions	2
5.45	Number of participants	12

**Trustee/Council Training**

5.46	Number of sessions	2
5.47	Number of participants	20

**Special Client Populations**

5.48	Number of sessions	1
5.49	Number of participants	10

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

5.50	Number of sessions	12
5.51	Number of participants	49

**Children's Services/Elementary Grade Levels**

5.52	Number of sessions	5
------	--------------------	---

5.53 Number of participants 16

**Young Adult Services/Middle and High School Grade Levels**

5.54 Number of sessions 1

5.55 Number of participants 20

**General Adult Services**

5.56 Number of sessions 1

5.57 Number of participants 4

5.58 **Other:** Does the system provide other Workshops/Meetings/Training Sessions not listed above? Enter Y for Yes, N for No. If Y Yes, complete one record for each topic; if No, enter N/A for questions 1, 2 and 3 of one repeating group.

1. Topic Diversity

2. Number of sessions 3

3. Number of participants 3

5.59 **Grand Total Sessions** (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) 106

5.60 **Grand Total Participants** (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) 283

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? Y

**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 State 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

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

#### **CONSULTING AND TECHNICAL ASSISTANCE SERVICES**

5.63	Number of contacts - Consulting with member libraries on grants, and state and federal funding	52
5.64	Number of contacts - Consulting with member libraries on funding and governance	88
5.65	Number of contacts - Consulting with member libraries on charter and registration work	16
5.66	Number of contacts - Consulting with member libraries on automation and technology	22,012
5.67	Number of contacts - Consulting with member libraries on youth services	21
5.68	Number of contacts - Consulting with member libraries on adult services	25
5.69	Number of contacts - Consulting with member libraries on physical plant needs	0
5.70	Number of contacts - Consulting with member	18

	libraries on personnel and management issues	
5.71	Number of contacts - Consulting with state and county correctional facilities	10
5.72	Number of contacts - Providing information to local, county, and state legislators and their staffs	37
5.73	Number of contacts - Providing system and member library information to the media	20
5.74	Number of contacts - Providing website development and maintenance for member libraries	0
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.	N
1.	Topic	N/A
2.	Number of contacts (all types)	N/A
5.76	<b>Total other contacts</b> (total of question #2 of Repeating Group #6)	0
5.77	<b>Total number of contacts</b> (total of questions 5.63 through 5.74 and 5.76)	22,299

**REFERENCE SERVICES**

5.78 Total Reference Transactions 149,877

**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
- b. Services for patrons who are educationally disadvantaged Yes
- c. Services for patrons who are aged Yes
- d. Services for patrons who are Yes



- geographically isolated
- e. Services for patrons who are members of ethnic or minority groups in need of special library services Yes
  - f. Services to patrons who are in institutions Yes
  - g. Services for unemployed and underemployed individuals Yes
  - i. N/A No

5.80 Number of BOOKS BY MAIL loans 734

5.81 Number of member libraries with Job/Education Information Centers or collections 28

5.82 Number of State Correctional Facilities libraries served 0

5.83 Number of County Jails libraries served 1

5.84 Number of institutions served other than jails or correctional facilities 0

**State:** No longer bring books to the senior center by Betts Branch

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

1. Service provided N/A

2. Number of facilities/institutions served N/A

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

5.87 Description of fees We have a cost sharing fee for system-wide services like ILL, ILS, delivery and shared web services

**6. Operating Funds Receipts**

**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 Y  
 county. If No, enter N/A on  
 questions 1 through 4 of one  
 repeating group.

1.	County Name	Onondaga
2.	Amount	\$5,234,850
3.	Subject to Public Vote (Enter Y for Yes, N for No, or N/A)	N
4.	Written Contract (Enter Y for Yes, N for No, or N/A)	Y
6.2	<b>Total County Funding</b>	\$5,234,850
6.3	All Other Local Public Funds	\$6,297,721
6.4	<b>Total Local Public Funds</b> (total questions 6.2 and 6.3)	\$11,532,571

**STATE AID RECEIPTS - arranged in alphabetical order**

6.5	Adult Literacy Library Services Grants	\$8,386
6.6	Central Library Development Aid	\$140,417
6.7	Central Book Aid	\$66,900
6.8	Conservation/Preservation Grants	\$0
6.9	Construction for Public Libraries Aid	\$44,976
6.10	Coordinated Outreach Services Aid	\$97,278
6.11	Correctional Facilities Library Aid	\$0
6.12	County Jails Library Aid	\$6,707
6.14	Family Literacy Grants	\$13,045
6.18	Local Library Services Aid - Kept at System	\$0
6.19	Local Library Services Aid - Distributed to Members	\$176,053
6.20	<b>Total LLSA (total questions 6.18 and 6.19)</b>	\$176,053
6.21	Local Services Support Aid	\$129,252

6.22	Local Consolidated Systems Aid	\$0
6.26	Public Library System Basic Aid	\$839,103
6.27	Public Library System Supplementary Operational Aid	\$127,955
6.36	Special Legislative Grants and Member Items	\$75,000
6.37	The New York Public Library - The Research Libraries	\$0
6.38	The New York Public Library, Andrew Heiskell Library for the Blind and Physically Handicapped Aid	\$0
6.39	The New York Public Library, City University of New York	\$0
6.40	The New York Public Library, Schomburg Center for Research in Black Culture Library Aid	\$0
6.41	The New York Public Library, Science, Industry and Business Library	\$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

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	NA
2.	Amount	N/A
6.43	Total Other State Aid (total question #2 of Repeating Group #9 above)	\$0
6.44	<b>Total State Aid Receipts</b> (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)	\$1,725,072

**FEDERAL AID**

6.45	Library Services and Technology Act (LSTA)	\$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.

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   | na  |
| 2.   | Amount   | \$0 |
| 6.47 | <b>Total Other Federal Aid (total questions #2 of Repeating Group #10 above)</b> | \$0 |
| 6.48 | <b>Total Federal Aid (total questions 6.45 and 6.47)</b>                         | \$0 |

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

- |      |  |   |
|------|--|---|
| 6.49 | Does the system contract with libraries and/or library systems in New York State? Enter Y for Yes, N for No. | 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  | Member Libraries |
| 2.   | Contracted Service  | Member Services  |
| 3.   | Total Contract Amount   | \$258,222        |
| 6.50 | <b>Total Contracts (total question #3 of Repeating Group #11 above)</b> | \$258,222        |

### MISCELLANEOUS RECEIPTS

- |      |   |     |
|------|---|-----|
| 6.51 | Gifts, Endowments, Fundraising, Foundations (include Gates Grants here; specify project number(s) and dollar amount using the state note) | \$0 |
|------|---|-----|

- |      |                         |     |
|------|-------------------------|-----|
| 6.53 | Income from Investments | \$0 |
|------|-------------------------|-----|

#### Proceeds from Sale of Property

- |      |               |         |
|------|---------------|---------|
| 6.54 | Real Property | \$8,212 |
|------|---------------|---------|

- |      |           |     |
|------|-----------|-----|
| 6.55 | Equipment | \$0 |
|------|-----------|-----|

- |      |   |   |
|------|---|---|
| 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. | Y |
|------|---|---|

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

- |    |                  |                 |
|----|------------------|-----------------|
| 1. | Receipt category | Library charges |
| 2. | Amount           | \$60,790        |

1.	Receipt category	E-rate
2.	Amount	\$172,762
1.	Receipt category	commisions
2.	Amount	\$5,424
1.	Receipt category	other misc rev
2.	Amount	\$163,181
1.	Receipt category	interdepart
2.	Amount	\$445,041
1.	Receipt category	collection hq
2.	Amount	\$353,058

6.57 **Total Other Miscellaneous Receipts** (total question #2 of Repeating Group #12 above) \$1,200,256

6.58 **Total Miscellaneous Receipts** (total questions 6.51 through 6.55 and question 6.57) \$1,208,468

6.59 **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) \$14,724,333

6.60 **BUDGET LOANS** \$0

**TRANSFERS**

6.61 Transfers from Capital Fund (Same as question 9.6) \$0

6.62 Transfers from Other Funds \$0

6.63 **Total Transfers** (total questions 6.61 and 6.62) \$0

6.64 CASH BALANCE - Beginning of Current Fiscal Reporting Year:  
Public Library Systems - January 1, 2016; 3Rs - July 1, 2016. (Same as closing cash balance at the end of previous fiscal reporting year: Public Library Systems - December \$398,221

31, 2015; 3Rs - June 30, 2016.)

6.67 GRAND TOTAL RECEIPTS,  
BUDGET LOANS,  
TRANSFERS, AND  
BALANCE/ROLLOVER  
(Public Library Systems and  
3Rs - total questions 6.59,  
6.60, 6.63 and 6.64 - must  
agree with question 7.83) \$15,122,554  
(School Library Systems -  
total questions 6.59, 6.65 and  
6.66 - must agree with  
question 7.83.)

## 7. Operating Fund Disbursements

### STAFF EXPENDITURES

#### Salaries

7.1	System Director and Librarians	\$4,287,874
7.2	Other Staff	\$1,035,755
7.3	<b>Total Salary and Wages Expenditures (total questions 7.1 and 7.2)</b>	\$5,323,629
7.4	Employee Benefits Expenditures	\$2,694,165
7.5	<b>Total Staff Expenditures (total questions 7.3 and 7.4)</b>	\$8,017,794

### COLLECTION EXPENDITURES

7.6	Print Materials Expenditures	\$371,343
7.7	Electronic Materials Expenditures	\$232,090

**State:** The system increased budget to make up for some of the smaller libraries who didn't have the funds to purchase ematerials.

7.8	Other Materials Expenditures	\$324,926
-----	------------------------------	-----------

**State:** Due to the increase of space created by the Central renovation and no longer double shelving, there was an increase in purchase of and audiobooks.

7.9	<b>Total Collection Expenditures (total questions 7.6 through 7.8)</b>	\$928,359
-----	--	-----------

### GRANTS TO MEMBER LIBRARIES

#### Cash Grants Paid From

7.10	Local Library Services Aid (LLSA)	\$176,053
7.11	Central Library Aid (CLDA/CBA)	\$207,317
7.15	Other State Aid/Grants (e.g., Construction, Special Legislative or Member Grants)	\$449,170

**Local: Tech Lead Grant**

7.16	Federal Aid	\$0
7.17	Other cash grants paid from system funds	\$75,000

**Local: DeFrancisco**

7.18	<b>Total Cash Grants (total questions 7.10 through 7.17)</b>	\$907,540
7.19	Book/Library Materials Grants	\$0
7.20	Other Non-Cash Grants	\$0
7.21	<b>Total Grants to Member Libraries (total questions 7.18 through 7.20)</b>	\$907,540

**CAPITAL EXPENDITURES FROM OPERATING FUNDS**

7.22	Bookmobile	\$0
7.23	Other Vehicles	\$0
7.24	Computer Equipment	\$85,022
7.25	Furniture/Furnishings	\$0
7.26	Other Capital Expenditures	\$0
7.27	<b>Total Capital Expenditures from Operating Fund (total questions 7.22 through 7.26)</b>	\$85,022

**TOTAL CAPITAL EXPENDITURES BY SOURCE OF FUNDS**

7.28	From Local Public Funds (71PF)	\$85,022
7.29	From Other Funds (71OF)	\$0
7.30	<b>Total Capital Expenditures by Source (total questions 7.28 and 7.29; same as question 7.27)</b>	\$85,022

**OPERATION AND MAINTENANCE OF BUILDINGS**

Repairs To Buildings and Building Equipment by Source of Funds

7.31	From Local Public Funds (72PF)	\$194,388
7.32	From Other Funds (72OF)	\$0
7.33	<b>Total Repairs to Buildings and Building Equipment (total questions 7.31 and 7.32)</b>	\$194,388
7.34	Other Building & Maintenance	

Expenses \$346,220

**State:** Rental costs increased due to the central renovation.

7.35 **Total Operation and Maintenance of Buildings** \$540,608  
(total questions 7.33 and 7.34)

**MISCELLANEOUS EXPENSES**

7.36 Total Operation & Maintenance of Bookmobiles and Other Vehicles \$9,182

7.37 Office and Library Supplies \$29,371

7.38 Telecommunications \$192,278

7.39 Binding Expenses \$0

7.40 Postage and Freight \$26,118

7.41 Publicity and Printing \$0

7.42 Travel \$6,636

7.43 Fees for Consultants and Professionals - Please include a State Note with the consultants' or vendors' names and a brief description of the service(s) provided. \$403,444

**State:** Catholic Charities - social workers in libraries Ellen Bach, Lawyer City of Syracuse Police - officers in two branches Unique Management Services - collection agency Paul J Cowley & Associates - website development

7.44 Membership Dues - Please include a State Note listing Professional Organization Memberships for which dues are being paid. \$3,210

**State:** CLRC, PULISDO, The Foundation and NYLA

7.46 Does the system have other miscellaneous expenses in categories not listed in questions 7.36 through 7.45? Y  
Enter Y for Yes, N for No.

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

1. Expense category interdepartm

2. Amount \$2,128,940

1. Expense category bank charges

2. Amount \$2,383

1. Expense category other

2. Amount \$18,591



1.	Expense category	contractual
2.	Amount	\$13,024
1.	Expense category	Contractual
2.	Amount	\$24,402
1.	Expense category	Member charg
2.	Amount	\$93,549
1.	Expense category	Prof Service
2.	Amount	\$308,801
7.47	<b>Total Other Miscellaneous Expenses (total question #2 of Repeating Group #13)</b>	\$2,589,690
7.48	<b>Total Miscellaneous Expenses (total questions 7.36 through 7.45 and 7.47)</b>	\$3,259,929

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

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

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)	NA
2.	Contracted Service (specify using the State note)	N/A
3.	Total Contract Amount	N/A
7.50	<b>Total Contracts (total question #3 of Repeating Group #14 above)</b>	\$0

#### DEBT SERVICE

Capital Purposes Loans (Principal and Interest)

7.51	From Local Public Funds (73PF)	\$610,011
7.52	From Other Funds (73OF)	\$0
7.53	<b>Total Capital Purposes Loans (total questions 7.51 and 7.52)</b>	\$610,011
7.54	Other Loans	\$0

7.55	<b>Total Debt Service</b> (total questions 7.53 and 7.54)	\$610,011
7.56	<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, 7.48, 7.50, and 7.55)	\$14,349,263

**TRANSFERS**

Transfers to the Capital Fund

7.57	From Local Public Funds (76PF)	\$0
7.58	From Other Funds (76OF)	\$0
7.59	<b>Total Transfers to Capital Fund</b> (total questions 7.57 and 7.58; same as question 8.2)	\$0
7.60	<b>Total Transfers to Other Funds</b>	\$0
7.61	<b>Total Transfers</b> (total questions 7.59 and 7.60)	\$0
7.62	<b>TOTAL DISBURSEMENTS AND TRANSFERS</b> (total questions 7.56 and 7.61)	\$14,349,263
7.63	<b>CLOSING CASH BALANCE at the End of the Current Fiscal Reporting Year (For Public Library Systems - December 31, 2016) (For 3Rs - June 30, 2017)</b>	\$773,291
7.83	<b>GRAND TOTAL DISBURSEMENTS, TRANSFERS, &amp; ENDING BALANCE</b> (total questions 7.62 and 7.63)	\$15,122,554

**FISCAL AUDIT**

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

- 7.84 Last audit performed (mm/dd/yyyy) 2/18/17
- 7.85 Time period covered by this audit (mm/dd/yyyy - mm/dd/yyyy) 1/1/16-12/31/16
- 7.86 Indicate type of audit (select one from drop-down): County

**State:** The audit is initiated by the county but they use a private accounting firm.

**ACCOUNT INFORMATION**

Complete one record for each financial account

- 1. Name of bank or financial institution NA

**State:** as a federated system, the county keeps track of our revenues and expenditures. We do not make deposits or cut checks.

- 2. Amount of funds on deposit N/A

- 7.87 **Total Bank Balance** (total question #2 of Repeating Group #15) \$0

- 7.88 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. Y

**8. Capital Fund Receipts**

- 8.1 **Total Revenue From Local Sources** \$1,583

- 8.2 **Transfer From Operating Fund** \$0  
(same as question 7.59)

**STATE AID FOR CAPITAL PROJECTS**

- 8.3 State Aid Received for Construction \$445,924

**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

- 1. Contracting Agency N/A

- 2. Amount N/A

- 8.5 **Total Aid and/or Grants** (total question #2 of Repeating Group #16 above) \$0

8.6 **TOTAL RECEIPTS -  
Revenues from Local  
Sources, Interfund  
Revenue, State Aid for  
Capital Projects, and Total  
Federal Aid** (total questions  
8.1, 8.2, 8.3, and 8.5) \$447,507

8.7 **NONREVENUE RECEIPTS** \$2,500,000

8.8 **TOTAL RECEIPTS - Total  
Receipts and Nonrevenue  
Receipts** (total questions 8.6  
and 8.7) \$2,947,507

8.9 CASH BALANCE - Beginning  
of Current Fiscal Reporting  
Year: Public Library Systems -  
January 1, 2016; 3Rs - July 1,  
2016. (Same as closing cash  
balance at the end of previous  
fiscal reporting year: Public  
Library Systems - December  
31, 2015; 3Rs - June 30,  
2016) \$4,625,465

**State:** This should be \$4,265,465

8.10 **TOTAL RECEIPTS AND  
CASH BALANCE** (total  
questions 8.8 and 8.9) \$7,572,972

## 9. Capital Fund Disbursements

### PROJECT EXPENDITURES

9.1 Total Construction \$5,044,366

9.2 Incidental Construction \$662,000

9.3 Books and Library Materials \$0

9.4 Total Other Disbursements \$0

9.5 **Total Project Expenditures**  
(total questions 9.1 through  
9.4) \$5,706,366

9.6 **TRANSFER TO  
OPERATING FUND** \$0  
(Same as question 6.61)

9.7 **TOTAL NONPROJECT  
EXPENDITURES** \$0

9.8 **TOTAL DISBURSEMENTS  
- Total Project  
Expenditures, Transfer to  
Operating Fund, and Total  
Nonproject Expenditures**  
(total questions 9.5 through  
9.7) \$5,706,366

9.9	<b>CLOSING CASH BALANCE IN CAPITAL FUND at the End of the Current Fiscal Year (December 31, 2016, for Public Library Systems; June 30, 2017, for 3Rs)</b>	\$1,866,606
9.10	<b>TOTAL DISBURSEMENTS AND CASH BALANCE</b> (total questions 9.8 and 9.9)	\$7,572,972

**12. Projected Annual Budget For Library Systems**  
**Public Library Systems Budget for January 1, 2017 - December 31, 2017**

**PROJECTED OPERATING FUND - RECEIPTS**

12.1	Total Operating Fund Receipts (include Local Aid, State Aid, Federal Aid, Contracts and Miscellaneous Receipts)	\$13,833,595
12.2	Budget Loans	\$0
12.3	Total Transfers	\$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, 2017, must be the same as the December 31, 2016, closing balance reported on Q7.63 of the 2016 annual report)	\$773,291
12.5	<b>Grand Total Operating Fund Receipts, Budget Loans, Transfers and Ending Balance (total questions 12.1 through 12.4)</b>	\$14,606,886

**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)	\$13,988,044
12.7	Total Transfers	\$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, 2017) \$618,842

12.9 Grand Total Operating Fund Disbursements, Transfers and Ending Balance (total questions 12.6 through 12.8) \$14,606,886

**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) \$1,345,649

12.11 Nonrevenue Receipts \$0

12.12 Cash Balance in Capital Fund at the end of the previous fiscal year (For Public Library Systems, opening balance on January 1, 2017, must be the same as the December 31, 2016, closing balance reported on Q9.9 of the 2016 annual report) \$1,866,606

12.13 Grand Total Capital Fund Receipts and Balance (total questions 12.10 through 12.12) \$3,212,255

**PROJECTED CAPITAL FUND - DISBURSEMENTS**

12.14 Capital Fund Disbursements (include Project Expenditures, Transfer to Operating Fund and Nonproject Expenditures) \$2,738,618

12.15 Cash Balance in Capital Fund at the end of the current fiscal year (For Public Library Systems, December 31, 2017) \$473,637

12.16 Grand Total Capital Fund Disbursement, Transfers, and Balance (Sum of questions 12.14 and 12.15) \$3,212,255

**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)** Education Law § 272, 273(1) (a, c, d, e, n) Commissioners Regulations 90.3

**Aid):**

**Statutory** Education Law § 272, 273(5)

**Reference** Commissioners Regulations

**(LLSA):** 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** Education Law § 272, 273(1)

**Reference** (f)(6)

**(LSSA):** 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 LLIA.

**Statutory** Education Law § 272,

**Reference** 273(1)(f)(7)

**(LCSA):** 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** Education Law §

**Reference** 273(12)(a)

**(Supplemental):** 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** Education Law §

**Aid:** 273(1)(l)

Annual sum of \$50,000 for a continuity of service project. (Included in Basic Aid Payment)

**Brooklyn Special** Education Law § 273(1)(k)

**Aid:** Annual sum of \$350,000 for

business library. (Included in Basic Aid Payment)

**Nassau**

**Special** Education Law § 273(1)(m)

**Aid:**

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 (FTE) 5

13.1.2 Total Expenditure for Professional Salaries \$310,000

13.1.3-13.1.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees.  
13.1.3 Total Full-Time Equivalents (FTE) 5.25

13.1.4 Total Expenditure for Other Staff Salaries \$189,254

13.1.5 **Employees Benefits:**  
Indicate the total expenditures for all system employee fringe benefits. \$149,776

**Local:** A third of the amount of salaries.

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

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

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

1. Expenditure Category Library systems vendor contract for automation (e.g, integrated library system, virtual union catalog)
2. Provider of Services Innovative
3. Expenditure \$99,504

13.1.7 **Total Expenditure - Purchased Services** \$99,504

13.1.8 **Supplies and Materials:**  
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

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

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

1. Expenditure Category Office/library supplies and postage
2. Expenditure \$20,000

13.1.9 **Total Expenditure - Supplies and Materials** \$20,000

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

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



2. Expenditure \$2,000

13.1.11 **Total Expenditures - Travel** \$2,000

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

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

2. Quantity N/A

3. Unit Cost N/A

4. Expenditure N/A

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

13.1.14 **Local Library Services Aid Expenditures:** Indicate the total expenditures to member libraries for Local Library Services Aid. \$176,053

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

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 Maxwell Library

2. Allocation \$1,000

3. Project Description (no more than 300 words) Cultural programming

1. Recipient Liverpool Public Library

2. Allocation \$1,000

3. Project Description (no more than 300 words) Cultural programming

1. Recipient Salina Library

2.	Allocation	\$1,000
3.	Project Description (no more than 300 words)	Cultural programming
1.	Recipient	8 City Branches
2.	Allocation	\$8,000
3.	Project Description (no more than 300 words)	Cultural programming
1.	Recipient	NOPL
2.	Allocation	\$3,000
3.	Project Description (no more than 300 words)	Cultural programming
1.	Recipient	Central
2.	Allocation	\$1,000
3.	Project Description (no more than 300 words)	Cultural programming
13.1.16	<b>Total Expenditures - Grants for Member Libraries</b>	\$15,000
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>	\$961,587
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.	\$0
13.1.19	<b>Total Allocation from 2016 - 2017 State Aid:</b>	\$1,272,363
13.1.20	<b>Cash Balance at the End of the Current Fiscal Year</b>	\$310,776
13.1.21	<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. Supplemented member libraries programming budget. Created maker kits and other programming k as a shared resource for member libraries.	

Central Book Aid

CENTRAL BOOK AID (CBA)

**Statutory Reference:** Education Law § 272, 273(1)(b)(2)  
Commissioners Regulations 90.4  
Central Book Aid is a flat sum of \$71,500 to each public library system. Please see the Central Library Program Guidelines at <http://www.nysl.nysed.gov/libdev/clda/index.html> for more information.  
Include in this category library expenditures for CBA library materials. CBA funds may only be expended for adult non-fiction and foreign language library materials, including electronic content.

Yes must be answered at least once in Questions 13.2.1 - 13.2.5

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

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

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

1. Expenditure Category Commercial electronic content vendor contracts  
2. Provider of Services Ebsco  
3. Expenditure \$15,285

1. Expenditure Category Commercial electronic content vendor contracts  
2. Provider of Services Proquest  
3. Expenditure \$30,947

13.2.2 **Total Expenditure - Purchased Services** \$46,232

13.2.3 **Supplies and Materials:** Did the library system expend CBA funds for adult non-fiction and foreign language library materials with a unit cost less than \$5,000? Enter Y for Yes, N for No. Y

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

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

1. Expenditure Category Adult non-fiction and foreign language library materials - print  
2. Quantity 35

3. Unit Cost \$3,152

4. Expenditure N/A

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

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

2. Allocation N/A

3. Project Description (no more than 300 words)

13.2.6 **Total Expenditure - Grants to Central/Co-Central Libraries** \$0

13.2.7 **Total Expenditure (total 13.2.2, 13.2.4, and 13.2.6)** \$46,232

13.2.8 **Cash Balance at the Opening of the Current Fiscal Year**  
NOTE: The opening balance must be the same as the closing balance of the previous year. \$0

13.2.9 **Total Allocation from 2016 - 2017 State Aid** \$66,900

13.2.10 **Cash Balance at the End of the Current Fiscal Year** \$20,668

13.2.11 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. Due to the Central Renovation we were unable to expend all the funds but we have created a plan to do that in 2017. We found that electronic materials are more important to the member libraries. We focused on databases and less on print. We still purchased unique material for adult literacy and ES

**Central Library Development Aid**

CENTRAL LIBRARY DEVELOPMENT AID (CLDA)

**Statutory:** Education Law § 272, 273(1)(b)(1)  
**Reference:** Commissioners Regulations 90.4  
The formula is \$0.32 per capita or \$105,000

whichever is greater. Please see the Central Library Program Guidelines at <http://www.nysl.nysed.gov/libdev/clda/index.html> for more information.

Note: CLDA funds which are expended for library materials must be used for adult non-fiction and foreign language, including electronic content.

13.3.1-13.3.2 **Professional Salaries:** Indicate total FTE and salaries for all professional system employees (paid from CLDA funds).

13.3.1 Total Full-Time Equivalents (FTE) 2

13.3.2 Total Expenditure for Professional Salaries \$56,822

**Local:** Half of Mark and Janet's positions.

13.3.3-13.3.4 **Other Staff Salaries:** Indicate total FTE and salaries for all other system employees (paid from CLDA funds).

13.3.3 Total Full-Time Equivalents (FTE) 2

**Local:** ILL

13.3.4 Total Expenditures for Other Staff Salaries \$32,645

13.3.5 **Employee Benefits:**  
Indicate the total expenditures for all system employee benefits (paid from CLDA funds). \$26,840

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

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

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

1. Expenditure Category N/A

2. Provider of Services

3. Expenditure

13.3.7 Total Expenditure - Purchased Services \$0

13.3.8 **Supplies and Materials:** 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

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

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

1. Expenditure Category Office/library supplies and postage

2. Expenditure \$2,000

**Local:** ILL postage

13.3.9 **Total Expenditure -  
Supplies and Materials** \$2,000

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

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 System staff

2. Expenditure \$2,000

13.3.11 **Total Expenditures -  
Travel** \$2,000

13.3.12 **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

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

2. Quantity N/A

3. Unit cost N/A

4. Expenditure N/A

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

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

2. Allocation N/A

3. Project Description (no more

than 300 words)

13.3.15 **Total Expenditure - Grants to Central/Co-Central Libraries** \$0

13.3.16 **Total Expenditure (total 13.3.2, 13.3.4, 13.3.5, 13.3.7, 13.3.9, 13.3.11, 13.3.13, and 13.3.15)** \$120,307

13.3.17 **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. \$0

13.3.18 **Total Allocation from 2016 - 2017 State Aid:** \$140,417

13.3.19 **Cash Balance at the end of the Current Fiscal Year** \$20,110

13.3.20 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. Used to purchase databases and electronic content to be shared system-wide

**Coordinated Outreach Library Services Aid**

COORDINATED OUTREACH LIBRARY SERVICES AID

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

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

13.4.2 Total Expenditure for Professional Salaries \$54,115

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) 0.5

13.4.4 Total Expenditure for Other Staff Salaries \$20,000

13.4.5 **Employee Benefits:** Indicate the total expenditures for all system employee benefits. \$18,163

13.4.6 **Purchased Services:** Did

the system expend funds for purchased services? Enter Y for Yes, N for No. N

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

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

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

13.4.7 **Total Expenditure - Purchased Services** \$0

13.4.8 **Supplies and Materials:**  
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

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

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

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

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

13.4.10 **Travel Expenditures:** 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

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
- 2. Expenditure N/A

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



having a useful life of more than one year. Enter Y for Yes, N for No.

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

- |    |              |     |
|----|--------------|-----|
| 1. | Type of item | N/A |
| 2. | Quantity     | N/A |
| 3. | Unit Cost    | N/A |
| 4. | Expenditure  | N/A |

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

13.4.14 Did the system expend funds on grants to member libraries? Enter Y for Yes, N for No. 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 |
| 2. | Allocation             | N/A |
| 3. | Description of Project |     |

13.4.15 **Total Expenditure - Grants to Member Libraries** \$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)** \$92,278

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. \$158

13.4.18 **Total Allocation from 2016 - 2017 State Aid:** \$97,278

13.4.19 **Cash Balance at the End of the Current Fiscal Year** \$5,158

13.4.20 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. These funds paid for a full time Outreach Coordinator and a part-time Adult Literacy Coordinator.

**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 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 inmate needs (Purchased Services).

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

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

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

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

13.5.2 **Total Expenditure - Purchased Services** \$0

13.5.3 **Supplies and Materials:** 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

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

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

- 1. Expenditure Category Books and other print materials
- 2. Expenditure \$6,339

13.5.4 **Total Expenditure - Supplies and Materials** \$6,339

13.5.5 **Total Expenditure (total 13.5.2, and 13.5.4)** \$6,339

13.5.6 **Cash Balance at the Opening of the Fiscal Year:**  
NOTE: The opening balance must be the same as the closing balance from the previous year. \$60

13.5.7 **Total Allocation from 2016 - 2017 State Aid** \$6,707

13.5.8 **Cash Balance at the End of the Current Fiscal Year** \$428

13.5.9 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds. Purchased print materials for Hillbrook Justice Center and Jamesville Correctional Institution.

**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 inmate. 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)

13.6.2 Total Expenditure for Professional Salaries

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)

13.6.4 Total Expenditure for Other Staff Salaries

13.6.5 **Employee Benefits:** Indicate the total expenditures for all system employee benefits.

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

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

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

1. Expenditure Category N/A

2. Provider of Services N/A

3. Expenditure N/A

13.6.7 **Total Expenditure - Purchased Services** \$0

13.6.8 **Supplies and Materials:**  
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.

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

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

1. Expenditure Category N/A

2. Expenditure N/A

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

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

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

1. Type of Travel N/A

2. Expenditure N/A

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

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

2. Quantity N/A

3. Unit Cost N/A

4. Expenditure N/A

- 13.6.13 **Total Expenditure - Equipment and Furnishings** \$0
- 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
- 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. \$0
- 13.6.16 **Total Allocation from 2016 - 2017 State Aid:** \$0
- 13.6.17 **Cash Balance at the End of the Fiscal Year:** \$0
- 13.6.18 **Final Narrative:** Provide a brief narrative, no more than five hundred (500) words, describing the major activities carried out with these State Aid Funds

#### 14. Summary of Library System Accomplishments

Using the goals from Section 4 in the approved 2012-2016 System Plan of Service, **BRIEFLY** describe the final results of each element for Year 5 (2016)

- |      |   |  |
|------|---|--|
| 14.1 | Element 1: Resource Sharing - Results   | The Resource Sharing Advisory Committee was formed to move system initiatives forward like online patron-initiated ILL.  |
| 14.2 | Element 2: Special Client Groups - Results  | Extended our educational and workforce development technology training. Rolled out the Every Child Ready to Read in NYS Program in all 32 of our libraries.                                      |
| 14.3 | Element 3: Professional Development and Continuing Education - Results            | Created a Professional Development and Training Team to assess the needs of members and create training programs   |
| 14.5 | Element 5: Consulting and Development Services - Results                          | OCPL was part of ILEAD USA that provided technology and leadership development of system staff statewide trustee education curriculum was created to help all trustees in the libraries succeed. |
| 14.6 | Element 6: Coordinated Services - Results   | Purchased Mobile Maker Kits to be used system-wide   |
| 14.7 | Element 7: Awareness and Advocacy - Results                                       | Hosted the CLRC Legislative Breakfast.   |
| 14.8 | Element 8: Communication among Member Libraries and/or Branch Libraries - Results | Updated the System website, logo and mission statement.  |
| 14.9 | Element 9: Cooperative Efforts with Other Library Systems - Results               | Explored ways of working with neighboring library systems in providing more efficient and cost effective services to our communities.  |

- |       |                                       |   |
|-------|---------------------------------------|---|
| 14.10 | Element 10: Construction - Results    | Helped our 8 of our member libraries fund construction projects for a value of over \$680,000.          |
| 14.11 | Element 11: Central Library - Results | Completed the Central Library renovation.   |
| 14.12 | Element 12: Direct Access - Results   | All libraries allowed unfettered access to facilities and materials of patrons who reside in the System |
| 14.13 | Element 13: Other Goal(s) - Results   | N/A   |

**15. Current system URL's**

- |      |                                 |   |
|------|---------------------------------|---|
| 15.1 | System Home Page URL            | <a href="http://www.onlib.org">www.onlib.org</a>  |
| 15.2 | URL of Current List of Members  | <a href="http://www.onlib.org/locations">http://www.onlib.org/locations</a>   |
| 15.3 | URL of Current Governing Bylaws | <a href="http://www.onlib.org/sites/default/files/BYLAWSrev2013-2.pdf">http://www.onlib.org/sites/default/files/BYLAWSrev2013-2.pdf</a>   |
| 15.4 | URL of Evaluation Form          | <a href="http://www.onlib.org/sites/default/files/System_Services_Satisfaction.pdf">http://www.onlib.org/sites/default/files/System_Services_Satisfaction.pdf</a>                                       |
| 15.5 | URL of Evaluation Results       | <a href="http://www.onlib.org/sites/default/files/System_Services_Survey_Data.pdf">http://www.onlib.org/sites/default/files/System_Services_Survey_Data.pdf</a>   |
| 15.6 | URL of Central Library Plan     | <a href="http://www.onlib.org/sites/default/files/Centrallibrary%20POS.pdf">http://www.onlib.org/sites/default/files/Centrallibrary%20POS.pdf</a>   |
| 15.7 | URL of Direct Access Plan       | <a href="http://www.onlib.org/sites/default/files/2016%20OCPL%20Free%20Direct%20Access%20Approved.pdf">http://www.onlib.org/sites/default/files/2016%20OCPL%20Free%20Direct%20Access%20Approved.pdf</a> |

**16. Assurance and Contact Information**

**CONTACT INFORMATION**

- |      |   |                   |
|------|---|-------------------|
| 16.1 | Contact name (person completing report)                             | Amanda Travis     |
| 16.2 | Contact telephone number (enter 10 digits only and hit the Tab key) | (315) 435-1825    |
| 16.3 | Contact e-mail address  | atravis@onlib.org |

**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" and "Projected Annual Budget" were reviewed and accepted by the System Board/Council on (date - mm/dd/yyyy). | 3/15/17 |
|------|---|---------|

**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). 06/27/2017

### **Suggested Improvements**

Library System Onondaga County Public Library

Name of Person Completing Form Amanda Travis

Phone Number and Extension (enter area code, telephone number and extension only): (315) 435-1825

Please share with us your suggestions for improving the *Annual Report*. Thank You! It would be helpful for the state to offer a webinar for the staff who complete the annual report of tips and instructions. The instructions provided are confusing.