



Texas State Library Interlibrary Loan Lending Reimbursement Program FY2015

Sara Hayes
February 27, 2015



ILL Lending Reimbursement Program

- Sub awards (or pass through awards) funded by the Texas State Library and Archives Commission (TSLAC) with Institute of Museum and Library Services (IMLS) funds through the Library Services and Technology Act (LSTA)
- Developed to offset out of pocket costs associated with participating in statewide interlibrary loan
- Based on the number of lends a library provides to Texas public libraries through Navigator, available funds, and actual costs incurred
- Dispersed annually, typically in late fall



Program Revisions

- Participation Agreement Form (due March 31, 2015)
 - Legal Entity information
 - DUNS, SAM, TINS information
 - LSTA Terms and Conditions

- Expenditure Documentation (due September 30, 2015)
 - Request for Reimbursement form
 - Expenditure Documentation Worksheet
 - Receipts, invoices, payroll information



Participation Requirements

- Submit Participation Agreement form to the Texas State Library by March 31, 2015
- Lend at least 24 items to Texas Navigator libraries in SFY2014, September 1, 2014 – August 31, 2015
- Submit documentation of costs to Texas State Library by September 30, 2015



Participation Requirements

State Agency Libraries

Once TSLAC receives a participation agreement form, the accounting office will contact you with additional instructions regarding the RTI process for activity between State agencies.

In accordance with Texas Comptroller or Public Accounts requirements, State agencies will receive reimbursement payments from TSLAC via warrant or check.



Reimbursement Amounts

Each participating library will be eligible to request a reimbursement amount based on a formula considering the number of lends made to Texas Navigator libraries and the available funds.

Reimbursements will not exceed actual amounts expended.

Number of lends * Determined amount per lend
= Amount a library is eligible to request

Ex.: 100 lends X \$4.48 = \$448.00



Reimbursement Amounts

If a library is eligible for a reimbursement of \$448 (100 loans @ \$4.48 per loan):

1. The library submits documentation showing they expended \$300 participating in statewide resource sharing. The library will receive a \$300 reimbursement.
2. The library submits documentation showing the expended \$600 participating in statewide resource sharing. The library will receive a \$448 reimbursement.



Reimbursement Amounts

Libraries are encouraged to submit all expenditure documentation available to them, the estimated amount of funding and number of participating libraries is subject to change.



Costs Eligible for Reimbursement

- Postage related to statewide resource sharing
- Shipping supplies related to statewide resource sharing
- Equipment procured to support statewide resource sharing (up to \$4,999.99)
- Express courier subscription costs
- OCLC cataloging contracts
- Staff time dedicated to statewide resource sharing**



INTERLIBRARY LOAN REIMBURSEMENT PROGRAM PARTICIPATION AGREEMENT

Name of Library _____

Library Contact Person _____

Email address _____

Telephone number _____

Library's Legal Entity _____

Legal Entity's DUNS number _____ SAM expiration date ____ / ____ / ____

Legal Entity's TINS _____

The library and legal entity agree to the attached LSTA Terms & Conditions.

AND

The library will submit a Reimbursement Request form with supporting documentation of direct costs associated with the statewide interlibrary loan program to the TSLAC by September 30, 2015.

OR

The library declines to participate in the SFY2015 Interlibrary Loan Lending Reimbursement Program.

CERTIFICATION: To the best of my knowledge and belief, data in this form are true and correct. I am responsible for ensuring that this process meets my local purchasing requirements.

Name & Title of Authorized Representative*

Signature Date

**Must be an individual authorized to enter into contract on behalf of the library's legal entity*

Program Deadlines:

- Participation agreement form due to TSLAC on or before March 31, 2015
- Reimbursement Request Form, Expenditure Documentation Form, and supporting documentation due to TSLAC on or before September 30, 2015
Supporting documentation submitted after September 30, 2015, will not be reimbursed.

Return this form to: Sara Hayes, Interlibrary Loan Program Coordinator
By email: shaves@tsl.texas.gov
or
By fax: 512-936-2306



INTERLIBRARY LOAN REIMBURSEMENT PROGRAM PARTICIPATION AGREEMENT

Name of Library _____

Library Contact Person _____

Email address _____

Telephone number _____

Library's Legal Entity _____

Legal Entity's DUNS number _____ SAM expiration date ____ / ____ / ____

Legal Entity's TINs _____

The library and legal entity agree to the attached LSTA Terms & Conditions.
AND

The library will submit a Reimbursement Request form with supporting documentation of direct costs associated with the statewide interlibrary loan program to the TSLAC by September 30, 2015.

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The library declines to participate in the SFY2015 Interlibrary Loan Lending Reimbursement Program.

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Request for Reimbursement

Your request for reimbursement information will be due to the Texas State Library on or before September 30, 2015 and must include:

1. Request for Reimbursement form
2. Expenditure Documentation Worksheet
3. Copies of supporting documentation of expenditures



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Texas State Library
and Archives
Commission

**Interlibrary Loan Lending Reimbursement
Program**

Questions?
shaves@tsl.texas.gov
or
512-463-5406

**Request for Reimbursement
SFY2015**

Submit this completed form and supporting documents by email attachment to shaves@tsl.state.tx.us and grants.accounting@tsl.texas.gov or fax to 512-936-2306. All reimbursement requests must be received by TSLAC no later than September 30, 2015.

LIBRARY NAME AND PAYMENT INFORMATION

Library Name _____

Sub-award Number (to be provided by TSLAC) _____

Period covered by request: September 1, 2014 - August 31, 2015

Reimbursement to be paid to:

Legal Entity Name _____

Legal Entity Remittance Address, City, Zip

Contact Name: _____

E-Mail Address: _____ Telephone (____) _____

FEL/EINS _____

REIMBURSEMENT

Total reimbursement amount requested: _____

NOTE: Submit itemized list of expenditures as well as supporting documentation with this request form.

CERTIFICATION

I certify, to the best of my knowledge, the above information and attached documents are correct.

Fiscal agent of legal entity (signature) _____

Printed Name and Title _____

Date _____

For internal use only: FAIN: LS-00-14-0044-14 - CFDA Number: 45.310
Program Manager Approval/Date _____ Accounting Approval/Date _____

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Supporting Documentation

Paid receipts - Indicate the items on the receipt being submitted for reimbursement

Paid vendor invoices for services necessary to participate in ILL lending activities (OCLC, courier subscription)

Postage meter records or postal receipts for shipping loans to Texas Navigator libraries



Expenditure Documentation

Paid Invoice



Amigos Library Services
14400 Midway Road
Dallas, TX 75244
UNITED STATES OF AMERICA
(800) 943-9432
TX. VENDOR I.D. # 75-1627097
F.I.N # 75-1627097

INVOICE NO 259152
DATE 12/31/2014
YOUR ORDER NO 306-15-8068
PAGE 1

Please Remit To:
P.O. Box 678113
Dallas, TX 75267-8113

93650176

IKM00
S Texas State Library And Archives
O Accounting Department
L Commission (Tslac)
D Po Box 12516
T Austin, TX 78711-2516
O

TERMS: NET 30

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
TAE Trans-Amigos Express Courier December 2014	1.0000	10,147.1500	10,147.15

RECEIVED
JAN 14 2015
ACCOUNTING

SALES TAX 0.00
FREIGHT 0.00
TOTAL DUE 10,147.15

Pay by credit card.



Expenditure Documentation Receipt

=====

AUSTIN DOWNTOWN STA
823 SOUTH CONGRESS AVE
AUSTIN, TX 78701-9998

02/20/2015 01:18:03 PM

=====

Sales Receipt

Product	Sale	Unit	Final
Description	Qty	Price	Price

Forever® Postage	10	\$.49	\$4.90
---------------------	----	-------	--------

Total: =====
\$4.90

Paid by:
DebitCard \$4.90
Account #: XXXXXXXXXXXXX1979
Approval #: 358369
Transaction #: 044
23-902480102-99
Receipt #: 146857

SSK Transaction #: 10
USPS® #: 480403-9554

Thanks.
It's a pleasure to serve you.

ALL SALES FINAL ON STAMPS AND POSTAGE.
REFUNDS FOR GUARANTEED SERVICES ONLY.



Supporting Documentation

Staff time documentation

Full Time Staff

- [Certification of hours worked](#)
- Copies of paychecks/Payroll registers
(Name included, personally-identifiable information redacted)

Partial Staff Time

- Signed [time sheets](#) with ILL activity broken out
- Copies of paychecks/Payroll registers
(Name included, personally-identifiable information redacted)



Expenditure Documentation Payroll – Full-time ILL Staff

Certification of Hours Worked

Library Name: Mayberry Public Library

This certifies that J. Doe worked the claimed hours on
interlibrary loan activity cited for the period 3/1/15 to 8/31/15.

Signature _____

Name: _____

Title: Library Director

Date: _____



Expenditure Documentation

Payroll – Not Full-time ILL Staff

Employee TSLAC/LSTA Grant Timecard

Employee Name: J. Doe E-mail: jd@librarv.com
 Manager: J.G. Public Phone: 512-555-1234
 ** Only record hours worked

Year to date totals:

Fed hrs:	26.00	Non-Fed hrs:	154.00	Total:	180.00
Percent age:	14%		86%		100%

September, October, November Employee Timecard: Daily, Weekly, Monthly, Yearly										
September	Week 1 Fed	Week 1 Non-Fed	Week 2 Fed	Week 2 Non-Fed	Week 3 Fed	Week 3 Non-Fed	Week 4 Fed	Week 4 Non-Fed	Week 5 Fed	Week 5 Non-Fed
Sunday										
Monday	2.00	6.00	2.00	6.00	2.00	6.00	2.00	6.00	2.00	6.00
Tuesday		8.00		8.00		8.00		8.00		8.00
Wednesday	2.00	6.00	2.00	6.00	2.00	6.00	2.00	6.00		
Thursday		8.00		8.00		8.00		8.00		
Friday	2.00	6.00	2.00	8.00	2.00	6.00	2.00	8.00		
Saturday										
Total weekly hours	6.00	34.00	6.00	36.00	6.00	34.00	6.00	36.00	2.00	14.00
Sept. total: Fed hours	26.00	Sept. total: Non-Fed hours		154.00						
Activity Notes:										

I certify that the time worked as listed above is correct.



Reimbursement Request Webinar

The Texas State Library will host a webinar dedicated to submitting cost documentation for ILL lending reimbursements in late summer 2015, I will contact all participants with the details.

If you plan to request a reimbursement for costs associated with ILL lending, begin collecting your expenditure documentation now for submission in September.

If you choose not to participate in the ILL Reimbursement program, please submit the form marking that option.



Poll Time



Questions?

- Questions about the reimbursement program:
Sara Hayes at shayes@tsl.texas.gov
1-800-252-9386 or 1-512-463-5406
- See our website at:
<https://www.tsl.texas.gov/ld/ill2015>

Thank you!