

# Step 1 of 2: Application Form

Deadline: 12pm PST on December 10, 2018.

### **BEFORE YOU BEGIN**

Please review the <u>Application Guidelines</u> on the Indigitization website and Section D.1.1 of the <u>Toolkit</u>.

### **HOW TO COMPLETE THIS FORM**

Please type directly into this document & use as much space as required. Handwritten applications will not be accepted.

Examples of what kind of information to provide in the application appears (italicized in parentheses) after some questions.

### **REMEMBER**

You must also complete and submit a project budget with this application.

# **QUESTIONS?**

Insert organization name in subject line and email: in.digitization@ubc.ca

Indigenous Organization Name <sup>1</sup>	Text box will expand as you type. To start typing on a new line press "enter."	
Mailing Address, City, Postal Code <sup>2</sup>	Text box will expand as you type. To start typing on a new line press "enter."	
Business/GST Number <sup>3</sup>	Text box will expand as you type. To start typing on a new line press "enter."	
Official Contact Name & Email	Text box will expand as you type. To start typing on a new line press "enter."	
Digitization Grant Project Manager Name	Text box will expand as you type. To start typing on a new line press "enter."	
Digitization Grant Project Manager Email & Phone #		
Digitization Grant Project Title	Text box will expand as you type. To start typing on a new line press "enter."	

Total Grant Funds Requested \$ Text box will expand as you type.

Total Cost of the Project \$ Text box will expand as you type.

<sup>&</sup>lt;sup>1</sup> Insert legal name as registered in the BC Corporate Registry.

<sup>&</sup>lt;sup>2</sup> If you have a P.O. Box and want to borrow our equipment, please provide a physical address where we can ship it to. Couriers will not accept P.O. boxes.

<sup>&</sup>lt;sup>3</sup> Required for payment processing. Applications with this information missing will not be considered. *Indigitization Grant Application Form* 

# **APPLICATION QUESTIONS**

### ORGANIZATION OVERVIEW & PROJECT DESCRIPTION

Un	GAI	NIZATION OVERVIEW & PROJECT DESCRIPTION			
	1.	Please provide a brief mandate of your Nation or organization, specific to how it supports your project. (example: if you are doing a project from a Traditional Land Use study, tell us how the mandate of your organization supports stewardship of this knowledge).			
	Te	ext box will expand as you type. To start typing on a new line press "enter."			
	2.	Provide a 50 word project summary that could be used on our Indigitization Community Projects page and in other Indigitization Program communications should your application be successful.			
	Te	ext box will expand as you type. To start typing on a new line press "enter."			
	3.	If you have received a grant from us in the past, please provide a summary of work completed to date. Discuss how this project is different from or enhances the work of the previous project. Note that repeat projects are not usually funded unless there is a new way that capacity is enhanced by a repeat project. Contact us if you want to discuss this before you answer this question. Write "Not Applicable" if you have not received a grant in the past.			
	Te	Text box will expand as you type. To start typing on a new line press "enter."			
OV	4.	Approximately, how many cassettes do you intend to digitize through this project? Refer to <b>Section D1.1</b> Planning of the <u>Toolkit</u> for project planning assistance. Note that projects that receive full funding are usually in the 150-200 tape range. If you are substantially under this amount, your budget should be smaller to reflect this. Note that mini format tapes are not eligible at this time.			
	Te	ext box will expand as you type. To start typing on a new line press "enter."			
	5.	Approximately, how many hours of audio do you think this is? Please tell us how you reached this number. (example: we have 200 tapes. A random spot inspection indicates that most tapes are 60 minutes. Therefore, we expect to have 200 hours of audio).			
	Te	ext box will expand as you type. To start typing on a new line press "enter."			
	6.	Have you provided a listing, or inventory, of cassette tapes and submitted it along with your application? Note that successful projects are able to demonstrate that some inventory work has been completed.			
		☐ Yes ☐ No			
	7.	Are any of the cassette tapes in poor physical condition? (example: broken, mouldy, vinegar smell). How many?			

Text box will expand as you type. To start typing on a new line press "enter."

### **AUDIO CONTENT OVERVIEW**

8. What type of content is on the tapes? No need to tell us specific details tape by tape - a general description of the collection is fine. (example: tapes contain stories, language, meetings).

Text box will expand as you type. To start typing on a new line press "enter."

9. Why is this audio content important to your organization/community? How is this content relevant to current or future community programs/initiatives? (example: supports the development of language and/or school curriculum, but give us more detail than what is in this example, please)

Text box will expand as you type. To start typing on a new line press "enter."

### **OWNERSHIP & COPYRIGHT**

10. Are these tapes unique to your organization? (example: no copies in museums, archives, libraries)

Text box will expand as you type. To start typing on a new line press "enter."

11. Approximately, when did your organizations acquire the rights and/or permissions to digitize these tapes? Do you have signed permission forms for them?

Text box will expand as you type. To start typing on a new line press "enter."

12. Have these tapes been digitized before? If yes, why do these tapes need to be digitized again? (example: they were digitized to a low standard (provide the specifications) and we want to recapture the audio files to preservation standards).

Text box will expand as you type. To start typing on a new line press "enter."

### **DIGITIZATION TRAINING**

13. Why is it important that your organization build skills capacity in the area of digitization?

Text box will expand as you type. To start typing on a new line press "enter."

14. Why is it more important to do this work in-house rather than outsource it?

Text box will expand as you type. To start typing on a new line press "enter."

15. Do you think there will be an on-going need for digitization in your organization in the future? (example: do you have other media formats or collections? Do you have some members who have said they have tapes but are not quite ready to share them yet?)

Text box will expand as you type. To start typing on a new line press "enter."

# **PROJECT STAFFING**

16. Who will be doing most of the cassette digitization work, known as the digitization technician?		
Text box will expand as you type. To start typing on a new line press "enter."		
<ul> <li>a. Will this person be a new hire, or a regular staff member?  New hire Regular staff member</li> <li>b. If the person is a regular staff member, how will their regular job duties be redirected or otherwise lessened so they can spend time working on this project? Write "Not Applicable" if the person will be a new hire.</li> </ul>		
Text box will expand as you type. To start typing on a new line press "enter."		
c. How will this person be a good fit for this role? (have they had any formal or informal digitization training, overview of their general computer skills, what is their level of community knowledge, what is their experience working on language or cultural projects?)		
Text box will expand as you type. To start typing on a new line press "enter."		
17. Who will act as the digitization <b>project manager</b> who oversees the work of the digitization technician, completes the interim and final reports, oversees the budget, and who serves as the primary contact person for the Indigitization Program?		
Text box will expand as you type. To start typing on a new line press "enter."		
<ul> <li>a. Will this person be a new hire, or a regular staff member?</li> <li>New hire</li> <li>Regular staff member</li> <li>b. If this person is a regular staff member, what is their current role?</li> </ul>		
Text box will expand as you type. To start typing on a new line press "enter."		
c. If the person is a regular staff member, how will some of their regular job duties be redirected or otherwise lessened so they can provide time towards project management?		
Text box will expand as you type. To start typing on a new line press "enter."		
18. Where will these staff be conducting digitization work?		
Text box will expand as you type. To start typing on a new line press "enter."		

# **ACCESS PROTOCOLS**

19. Do you think there is culturally sensitive materials on these recordings? Please specify how you plan to prepare / advise the digitization technician about what to do if they come across this material if so.

Text box will expand as you type. To start typing on a new line press "enter."

20. Who will be permitted to listen to the audio cassettes once they have been digitized? (example: community members, staff members, educators, general public)

Text box will expand as you type. To start typing on a new line press "enter."

21. How will access to the digital audio files be provided? (example: audio files will be available on a dedicated computer, transferred to external media (CD or USB drive) or accessed via the Internet)

Text box will expand as you type. To start typing on a new line press "enter."

22. Does your organization plan to make any files "open access" or available to the general public now, or in the future? This grant *does not* require that audio files be made publically accessible, but we *are* interested to know if it might be a possibility now or in the future.

Text box will expand as you type. To start typing on a new line press "enter."

23. Does your organization currently have a policy for handling research requests from community members and/or external researchers who wish to listen to the audio content? If a policy does exist, please describe it here or attach it to your application. If a policy does not exist, please indicate if this project will consider policy development in this area.

Text box will expand as you type. To start typing on a new line press "enter."

### **ACTIVITIES AFTER DIGITIZATION**

24. How does your organization intend to provide for the long-term preservation of the audio files? (explain where and for how long will the audio files be stored, where will back-up copies be located, who will be responsible for digital preservation and future format migrations)

Text box will expand as you type. To start typing on a new line press "enter."

25. What does your organization intend to do with the original audio cassettes? (example: tapes will be archived within the organization, deposited in a local archives, or returned to owner)

Text box will expand as you type. To start typing on a new line press "enter."

26. Who is responsible for the long term care of the tapes and recordings? (example: Archives department)

Text box will expand as you type. To start typing on a new line press "enter."

27. How will your organization inform community members about this digitization project? (example: community newsletters, Facebook, other social media, etc.)



Text box will expand as you type. To start typing on a new line press "enter."

### **ANY OTHER DETAILS**

Provide any information relevant to your project which has not already been captured in your application. Any additional information that helps us more fully understand your plans for this project is appreciated. Add more in the space below or write "Not Applicable" if you have nothing to add.

	Text box will expand as you type.	To start typing on a new line press	"enter."
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### **EQUIPMENT DETAILS**

Help us understand your plans for equipment for this project by completing the checklist below.

For this project's digitization equipment, we plan to:		
Borrow digitization equipment from Indigitization		
Buy digitization equipment with: Grant funds we ask for from Indigitization Our own cash contribution Combination of grant funds and our own cash		
Use our own digitization equipment⁴ which consists of the following:  Digitization unit make & model: Text box will expand as you type.  Cassette deck make & model: Text box will expand as you type.		
For this project's Computer/laptop, we plan to:		
Borrow a laptop from Indigitization		
Use our own computer  Please specify make & year: Text box will expand as you type.		
<ul> <li>□ Buy a new computer with:</li> <li>□ Grant funds we ask for from Indigitization</li> <li>□ Our cash contribution</li> <li>□ Combination of grant funds and our own cash</li> </ul>		
For this project's digital storage, we plan to:		
Use our own existing external hard drives or servers  Please specify their capacity: Text box will expand as you type.		

<sup>&</sup>lt;sup>4</sup> Please note that not all equipment will meet the minimum standards for preservation quality digitization and may not be eligible for use in this grant program. Please consult with Indigitization staff to verify the eligibility of your equipment.

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Buy new external hard drives or servers

Please specify their capacity: Text box will expand as you type.

Please save document in PDF format and proceed to Step 2: Project Budget Worksheets (Excel spreadsheet OR Pdf Document)

# **How to Submit your Application**

Please send completed application to in.digitization@ubc.ca with the name of your Nation or Organization in the Subject Line by December 10, 2018. If received by November 30th, your submission will be reviewed and you will have a chance to incorporate any feedback received before the final cut-off date.

Please expect a confirmation email within 48 hours. If you do not receive a confirmation email, your application has not been received. For applications submitted on the deadline, please phone (604) 827-0342.