

# 2006 CoSA Survey of State Archives and Records Programs

Please return no later than September 8, 2006

“XXXXXXXX” indicates where comparable data from the FY2004 survey was inserted for each state’s program

---

## SECTION 1: INSTITUTIONAL DATA

(Please correct information in questions 1.1 through 1.4, if necessary)

### 1.1. State or territory reporting:

1.2 Name of administrative unit reporting

1.3 This report covers the following core function(s):

1.4 Our fiscal year ends on (month/day):

---

## SECTION 2: FINANCES

2.1 Please provide the totals for your program during FY2006.

	Reported in FY2004	FY2006
a. Budget	\$ XXXXXXXX	\$ _____
b. Actual expenditures	\$ XXXXXXXX	\$ _____

2.2 Sources of funds. Please indicate the sources of funds used for developing your program’s budget. Provide the total dollar amount of received from each source.

	Reported in FY2004	FY2006
a. Appropriations	\$ XXXXXXXX	\$ _____
b. Fees	\$ XXXXXXXX	\$ _____
c. Revolving funds	\$ XXXXXXXX	\$ _____
d. Trust funds	\$ XXXXXXXX	\$ _____
e. Grants	\$ XXXXXXXX	\$ _____
f. Endowments.	\$ XXXXXXXX	\$ _____
g. Membership dues	\$ XXXXXXXX	\$ _____
h. Other (specify in 2.3)	\$ XXXXXXXX	\$ _____

**2.3 If your program had "Other" sources of funds (2.2h), please describe them:**

**FY2006:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.4 In Question 2.1, above, you specified your total expenditures in FY2006. Please indicate how these expenditures were allocated among the following three categories:**

	<b>FY2004</b>	<b>FY2006</b>
a. Personnel	XXX %	_____ %
b. Operations	XXX %	_____ %
c. Capital	XXX %	_____ %

**2.5 The total budget/expenditures indicated in 2.1, above, cover the following functions (check all that apply):**

	<b>FY2004</b>	<b>FY2006</b>
a. Records management	[ ]	[ ]
b. Archives	[ ]	[ ]
c. Local government records	[ ]	[ ]
d. Grants	[ ]	[ ]
e. Building construction or renovation	[ ]	[ ]
f. Major equipment/real estate purchases	[ ]	[ ]
g. Other one-time or nonrecurring expenses (please specify in 2.6)	[ ]	[ ]
h. Other (please specify in 2.7)	[ ]	[ ]

**2.6 If your program had "Other one-time or nonrecurring" expenses (2.5g), please describe them:**

**FY2006:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.7 If your program had "Other" expenses (2.5h), please describe them:**

**FY2006:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3:  
STAFFING**

**3.1 Please give number of FTEs for paid staff in the following categories at end of FY2006.**

		<b>Close of FY2004</b>	<b>Close of FY2006</b>
Records management	Administration/management	XXXXXX FTEs	_____ FTEs
	Professional	XXXXXX FTEs	_____ FTEs
	Technical	XXXXXX FTEs	_____ FTEs
	Support/clerical	XXXXXX FTEs	_____ FTEs
<hr/>			
Archives	Administration/management	XXXXXX FTEs	_____ FTEs
	Professional	XXXXXX FTEs	_____ FTEs
	Technical	XXXXXX FTEs	_____ FTEs
	Support/clerical	XXXXXX FTEs	_____ FTEs
<hr/>			
Other	Administration/management	XXXXXX FTEs	_____ FTEs
	Professional	XXXXXX FTEs	_____ FTEs
	Technical	XXXXXX FTEs	_____ FTEs
	Support/clerical	XXXXXX FTEs	_____ FTEs

**3.2 Of your total paid staff FTEs, approximately how many were allocated to the following functional areas on June 30, 2006?**

		<b>Close of FY2004</b>	<b>Close of FY2006</b>
Electronic records	Administration/management	XXXXXX FTEs	_____ FTEs
	Professional	XXXXXX FTEs	_____ FTEs
	Technical	XXXXXX FTEs	_____ FTEs
	Support/clerical	XXXXXX FTEs	_____ FTEs
<hr/>			
Preservation	Administration/management	XXXXXX FTEs	_____ FTEs
	Professional	XXXXXX FTEs	_____ FTEs
	Technical	XXXXXX FTEs	_____ FTEs
	Support/clerical	XXXXXX FTEs	_____ FTEs

**SECTION 4:  
RECORDS-RELATED AUTHORITY AND SERVICES**

**4.1 Total volume of records scheduled for both disposal and permanent retention in FY2006.**

	<b>FY2004</b>	<b>FY2006</b>
Total number of linear/cubic feet	XXXXXX	_____
Number of series	XXXXXX	_____
Number of agencies	XXXXXX	_____

**SECTION 5:  
ARCHIVES HOLDINGS**

For many types of records, we give you the option of reporting them in either number of items or linear feet. However, do not report an item or group of materials more than once. For instance, if you know the number of photographs as well as the linear feet they occupy, give one or the other, not both.

Use the following approximations, if necessary, to estimate total number of linear feet:

- 1 Hollinger box/document case (approx. 12"x5"x10") = 0.5 lin/cu ft
- 1 record center carton (approx. 15"x12"x10") = 1 lin/cu ft
- 1 transfer carton (approx. 24"x12"x10") = 2 lin/cu ft
- 1 filing cabinet drawer = 2 lin/cu ft

**5.1 Total volume of all records held by state archives at close of FY2006.**

	<b>FY2004</b>	<b>FY2006</b>
State government records	XXXXXX	_____ lin/cu ft
Local government records	XXXXXX	_____ lin/cu ft
Nongovernment records	XXXXXX	_____ lin/cu ft
Total, all archives holdings	XXXXXX	_____ lin/cu ft

**5.2 Total volume of all records accessioned by state archives during FY2006.**

	<b>FY2004</b>	<b>FY2006</b>
State government records	XXXXXX	_____ lin/cu ft
Local government records	XXXXXX	_____ lin/cu ft
Nongovernment records	XXXXXX	_____ lin/cu ft
Total, all accessions	XXXXXX	_____ lin/cu ft

**5.3 Does the state archives hold and/or is it accessioning electronic records?**

- [ ] Yes
- [ ] No

**If yes, how many or what volume of electronic records does the state archives hold?**  
 (please explain the units of measurement used if necessary)

---



---

**SECTION 6:  
 RECORDS CENTER HOLDINGS AND SERVICES**

**6.1 Total volume of all records held by state records center at close of FY2006.**

	<b>FY2004</b>	<b>FY2006</b>
State government records	XXXXXX	_____ lin/cu ft
Local government records	XXXXXX	_____ lin/cu ft
Nongovernment records	XXXXXX	_____ lin/cu ft
Security microfilm (10 reels = 1 lin/cu ft)	XXXXXX	_____ lin/cu ft

**SECTION 7:  
 DESCRIPTION AND ACCESS** (access to information about archival holdings)

**7.1 Volume of records arranged and described during FY2006 at the series level or lower:**

**FY2004:**            XXXXXX lin/cu ft      which comprise            XXXXXX series

**FY2006:**      \_\_\_\_\_ lin/cu ft      which comprise      \_\_\_\_\_ series

**7.2a For what percentage of total archival holdings are descriptions available via the Internet?**

	<b>FY2004</b>	<b>FY2006</b>
On agency's own website	XXX %	_____ %
Through RLIN	XXX %	_____ %
Through OCLC	XXX %	_____ %
Through a statewide or regional network	XXX %	_____ %
Other source (explain below)		_____ %

**7.2b Explanation of other sources**

**FY2006:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7.3a How do you make actual records or information from those records available via the Internet?**

**FY2004                      FY2006**

Memory project, digital collection, and/or web exhibit	[ ]	[ ]
Teaching packets that include images/transcripts of documents along with curricula, lesson plans	[ ]	[ ]
Other images of documents/records	[ ]	[ ]
Transcripts of documents/records	[ ]	[ ]
Contents of textual records converted to searchable databases	[ ]	[ ]
Other online sources of access to actual records or information from records (explain below)	[ ]	[ ]

**7.3b Explanation of other sources**

**FY2004:** XXXXXX

**FY2006:** \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 8:  
 REFERENCE IN THE STATE ARCHIVES**

(access to and use of the records themselves or information in those records)

**8.1 How many requests for information about or to use archival records were received during FY2006 in the following categories:**

	<b>FY2004</b>	<b>FY2006</b>
Regular mail, total number of letters	XXXXXX	_____
Electronic mail, total number of requests	XXXXXX	_____
In person, total number of daily visits (count an individual only once each day; if an individual visits several days in a row, count each day as a separate visit)	XXXXXX	_____
By telephone, total number of calls	XXXXXX	_____

**8.2 If you have the following statistics available for traffic on your agency's website, please supply these figures for FY2006.**

	<b>FY2004</b>	<b>FY2006</b>
Number of unique visitors (individuals)	XXXXXX	_____
Average length of stay in minutes	XXXXXX	_____

**SECTION 9:**  
**PRINCIPAL STATE ARCHIVAL FACILITY (used for storage of permanent records)**

**9.1. Year constructed** \_\_\_\_\_

**9.2 Year(s) of major renovation** \_\_\_\_\_

**9.3 Floor space (square feet) allocated to:**

a. Records storage \_\_\_\_\_ sq. ft.

b. Public space (including reading room, exhibit areas  
classrooms, meeting rooms, auditoriums) \_\_\_\_\_ sq. ft.

c. Staff offices and work areas \_\_\_\_\_ sq. ft.

d. TOTAL floor space for entire building \_\_\_\_\_ sq. ft.

**9.4. Total storage capacity (cubic/linear feet of records)** \_\_\_\_\_ cubic/lin. ft.

**9.5 Percentage of total storage capacity (9.4) now occupied** \_\_\_\_\_ %

**9.6 When do you expect current facilities to be full?**

Already full to capacity

Within 5 years

5-10 years

10+ years

**9.7 Is additional construction planned?**

No

Yes, pending approval and/or funding

Yes, new building. Construction will start in \_\_\_\_\_ (year)

Yes, major renovation or addition. Construction will start in \_\_\_\_\_ (year)

Other (explain): \_\_\_\_\_

**9.8 The principal state archival facility is**

Owned by archival agency or its parent agency

Rented by archival agency

Partly owned and partially rented

**9.9 Are facilities in addition to principal archival facility also used for archival storage?**

No

Yes

**9.10 If yes, indicate whether these facilities are**

Owned

Rented

Other (explain): \_\_\_\_\_

\_\_\_\_\_

**9.11 What percentage of total holdings is stored outside primary facility? \_\_\_\_\_ %**

**SECTION 10:  
ISSUES AND INITIATIVES**

**10.1 Please explain briefly any records-related initiative(s) you have planned in the next 2 to 3 years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initiatives cited in FY2004:**

XX

**10.2 What are the three most important issues or concerns facing your agency in the next 2 to 3 years?**

a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

**Most important issues or concerns cited in FY2004:**

XX

**Comments:**

---

---

---

---

---

**REPORT COMPILED BY**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Voice \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**Head of reporting agency** [if not the same as above]:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Voice \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_