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|  | **REQUEST FOR SERVICES**  State Form 56676 (R / 7-22)  INDIANA STATE ARCHIVES AND RECORDS ADMINISTRATION  Approved by State Board of Accounts, 2022  Pursuant to IC 5-15-5.1-5(a)(16) | | | |
| *INSTRUCTIONS: Please complete all applicable fields and review to ensure they are completed correctly. Incomplete forms will be returned.*    *NOTE: All filming will be completed at the State Imaging and Microfilm Laboratory and will meet the requirements of 60 IAC 2. All Master microfilm will be transferred to the Indiana State Archives in accordance with IC 5-15-5.1-11, unless otherwise decided. Storage of master film, in the Indiana Archives and Records Administration vault, is provided at no additional cost and is dependent upon available space. All services are subject to availability of supplies and equipment.* | | | | |
| **SECTION 1: CONTACT INFORMATION** | | | | |
| Name of Requestor | | Telephone Number of Requestor  (     ) | | Email address of Requestor |
| Name of Agency | | | Name of Division | |
| Address *(number and street, city, state, and ZIP code)* | | | | |
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| **SECTION 2: CONTENT INFORMATION** | | | | |
| **60 IAC 2-2-3.1 PREPARATION OF DOCUMENTS FOR MICROFILMING**  Sec. 3.1. Agencies shall prepare documents for microfilming as follows:  (1) Organization of documents.  (2) Preparation of an index to be submitted with the documents.  (3) Removal of staples, paper clips, or other fasteners.  *NOTE: Any project that does not contain an index will have an automatic fee of $20 charged to the final cost*. *An additional fee of $20 per hour will be applied to any projects that requires staple removal, paperclip removal, camera/ scanner setup, adjustments for multiple sized images and newspapers that are folded.* | | | | |
| Record Series Title | | Record Series Number | | Number of Objects |
| Subtitle | | Date Range *(MM/DD/YYYY – MM/DD/YYYY)* | | Arrangement *(Chronological, Numerical, Alphabetical)* |

**INDIANA ARCHIVES AND RECORDS ADMINISTRATION**

**STATE IMAGING AND MICROFILM LABORATORY**

100 North Senate Avenue, Room N055

Indianapolis IN, 46204

Telephone: (317) 232-3381

Email: [Imaging@iara.in.gov](mailto:Imaging@iara.in.gov)

Website: [www.in.gov/iara/2341.htm](http://www.in.gov/iara/2341.htm)

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| **SECTION 3: REQUESTED SERVICES** | | | | | |
|  | | | **Cost** | **Quantity** | **Total** |
| **Preservation Microfilming Services *(Master Film Creation – NOT for Patron Use)*** | | |  |  |  |
| 3.01 | | 16mm Filming – Standard size documents, up to legal size (8.5” x 14”) | $85.00 per reel |  |  |
| 3.02 | | 35mm Filming – Books, newspapers, etc. (Anything larger than 14”) | $125.00 per reel |  |  |
| 3.03 | | Digital Files to Film 16mm (Up to 2,500 images per reel) | $40.00 per reel |  |  |
| 3.04 | | Digital Files to Film 35mm (Up to 600-1,000 images per reel) | $60.00 per reel |  |  |
| **Microfilm Duplicating Services *(Patron Use Copies)*** | | |  |  |  |
| 3.05 | | 16mm Diazo Negative Copy | $15.00 per reel |  |  |
| 3.06 | | 35mm Diazo Negative Copy | $20.00 per reel |  |  |
| 3.07 | | 16mm Silver Negative Copy | $30.00 per reel |  |  |
| 3.08 | | 35mm Silver Positive Copy | $35.00 per reel |  |  |
| 3.09 | | 16mm Jacket | $0.25 each |  |  |
| 3.10 | | Jacket Loading | $30.00 per reel |  |  |
| 3.11 | | Cartridge, leader, trailer | $10.00 per reel |  |  |
| **Silver Film Developing Services *(Non SIML created film)*** | | |  |  |  |
| 3.12 | Film Processing Only – 16mm and 35mm | | $15.00 per reel |  |  |
| **Scanning Services (10 box maximum)** | | | | | |
| 3.13 | Standard size black and white or grayscale | | $0.03 per image |  |  |
| 3.14 | Standard size color document | | $0.12 per image |  |  |
| 3.15 | Large format black and white or grayscale | | $0.26 per image |  |  |
| 3.16 | Large format color | | $0.52 per image |  |  |
| 3.17 | 16mm / 35mm Microfilm to Digital (min 500 images) | | $0.10 per image |  |  |

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| **Digital Files Specifications *(required for scanning services)*** | | | |  | |  |  |
| DPI with the following choices:  300  Other: | | | | | | | |
| TIFF | | PDF | | | Other: | | |
| Single Page | | | Multi-Page | | | | |
| Black and White | | Grayscale | | | Color | | |
| 3.18 | File Naming Convention: | | | | | | |
|  | | | | **Cost** | | **Quantity** | **Total** |
| 3.19 | Optical Character Recognition (OCR) | | | $0.05 per image | |  |  |
| **Digital Delivery** | | | |  | |  |  |
| 3.20 | CD Case and Label | | | $10.00 each | |  |  |
| 3.21 | Portable Hard Drive (provided by client) | | | $0.00 | |  |  |
| 3.22 | SFTP (no charge) | | | $0.00 | |  |  |
| **Other Services** | | | |  | |  |  |
| 3.23 | Additional Labor (prep, setup, verification) | | | $20.00 per hour | |  |  |
| 3.24 | Expedited Project Fee per box or reel | | | $50.00 per item | |  |  |
| 3.25 | Hazardous Document Handling (mold, redox, etc.) | | | $25.00 per hour | |  |  |
| 3.26 | Indexing, Per Index Item Created | | | $0.10 per entry | |  |  |
| **ESTIMATED TOTAL COST OF SERVICES** | | | |  | |  |  |
| **ACTUAL TOTAL COST OF SERVICE (to be filled out by SIML)** | | | |  | |  |  |

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| **SECTION 4: REQUESTOR’S FINANCE CONTACT INFORMATION & PAYMENT REMITTANCE** | | |
| Name of Requestor’s Finance Coordinator | Telephone Number  (     ) | Email address *(required)* |
| Shipping Address *(number and street, city, state, and ZIP code)* | | |
| Project Returned Via:  UPS  Info Express  Pick-up  Delivery  Other: | | |
| Payments Remit to:  Indiana Archives and Records Administration ATTN: Finance Division, 402 West Washington Street, Room W478, Indianapolis, IN 46204 | | |

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| **SECTION 5: REQUESTOR’S ACKNOWLEDGEMENT OF SERVICES REQUESTED** | |
| *Disclaimer: Upon receipt of this form, your content will be reviewed against the Index sent. If discrepancies are found, your project is subject to delay until discrepancies are remediated. Submission of this form does not guarantee project acceptance by the State Imaging and Microfilm Laboratory.* | |
| Signature of Requestor | Date *(month, day, year)* |
| **SECTION 6: FILM VERIFICATION AND MICROFILM TRANSFER** | |
| By checking this box and signing, I agree that SIML will inspect and verify, frame by frame, any roll of film created and authorize the transfer of said microfilm to the State Archives.  *Note: There is a fee of $20 per hour for SIML staff to verify frame by frame inspection.* | |
| Signature of Requestor | Date *(month, day, year)* |

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| **SECTION 7: IARA STATE IMAGING AND MICROFILM LABORATORY USE ONLY** | | | |
| Date Received *(MM/DD/YYYY)* | Project Number | Roll Range | Estimate Number |
| Date Shipped *(MM/DD/YYYY)* | Tracking Number | Invoice Number | Total Cost |
| Deliverables to Requestor  Master Microfilm  Paper Documents  Duplicate Film | | | |
| Deliverables to Record Center  Shredding  Other: | | Deliverable to Archives:  Microfilm  Paper Documents | |
| Microfilm Transmittal Form:  Yes  No | | Compliance Verification Form Sent:  Yes  No | |