



REQUEST FOR SERVICES

State Form 56676 (R2 / 12-25)
INDIANA STATE ARCHIVES AND RECORDS ADMINISTRATION
Approved by State Board of Accounts, 2022

Pursuant to IC 5-15-5.1-5(a)(16)

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
Website: www.in.gov/iara/2341.htm

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 Indiana Rules of Court - Administrative Rule 6. 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)		

SECTION 2: CONTENT INFORMATION

Indiana Rules of Court - Administrative Rule 6 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)

SECTION 3: REQUESTED SERVICES

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

Digital Files Specifications <i>(required for scanning services)</i>				
DPI with the following choices: <input type="checkbox"/> 300 <input type="checkbox"/> Other: _____				
<input type="checkbox"/> TIFF		<input type="checkbox"/> PDF		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Single Page			<input type="checkbox"/> Multi-Page	
<input type="checkbox"/> Black and White		<input type="checkbox"/> Grayscale		<input type="checkbox"/> Color
3.18	File Naming Convention: _____			
			Cost	Quantity
3.19	<input type="checkbox"/> Optical Character Recognition (OCR)		\$0.05 per image	
Digital Delivery				
3.20	<input type="checkbox"/> CD Case and Label		\$10.00 each	
3.21	<input type="checkbox"/> Portable Hard Drive (provided by client)		\$0.00	
3.22	<input type="checkbox"/> SFTP (no charge)		\$0.00	
Other Services				
3.23	<input type="checkbox"/> Additional Labor (prep, setup, verification)		\$20.00 per hour	
3.24	<input type="checkbox"/> Expedited Project Fee per box or reel		\$50.00 per item	
3.25	<input type="checkbox"/> Hazardous Document Handling (mold, redox, etc.)		\$25.00 per hour	
3.26	<input type="checkbox"/> 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)				

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

SECTION 5: REQUESTOR'S ACKNOWLEDGEMENT OF SERVICES REQUESTED	
<i>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.</i>	
Signature of Requestor	Date (month, day, year)
SECTION 6: FILM VERIFICATION AND MICROFILM TRANSFER	
<input type="checkbox"/> 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.	
<i>Note: There is a fee of \$20 per hour for SIML staff to verify frame by frame inspection.</i>	
Signature of Requestor	Date (month, day, year)

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 <input type="checkbox"/> Master Microfilm <input type="checkbox"/> Paper Documents <input type="checkbox"/> Duplicate Film			
Deliverables to Record Center <input type="checkbox"/> Shredding <input type="checkbox"/> Other:		Deliverable to Archives: <input type="checkbox"/> Microfilm <input type="checkbox"/> Paper Documents	
Microfilm Transmittal Form: <input type="checkbox"/> Yes <input type="checkbox"/> No		Compliance Verification Form Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	