

## **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)

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 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	Email address of Requestor			
	( )						
Name of Agency		Name of Division					
Address (number and street, city, state, and ZIP code)							
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 Nu			per of Objects			
Subtitle	Date Range (MM	/DD/YYYY – MM/DD/YYYY)	/YYYY – MM/DD/YYYY) Arrangement (Chronological, Numeri		Numerical, Alphabetical)		
			,-1				
SECTION 3: REQUESTED SERVICES							
		Cost		Quantity	Total		
Preservation Microfilming Services (Master Film Creation	- NOT for Patro	n Use)					

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				

Digital Files Specifications (required for scanning services)								
DPI with the following choices: 300 Other:								
☐ TIF	F		☐ PDF		☐ Other:			
Sir	ngle Page			□М	ulti-Page			
□Bla	ack and White		☐ Grayscale		Color			
3.18	File Naming Convention: _							
					Cost	:	Quantity	Total
3.19	Optical Character Reco	ognition (OCR)			\$0.05 per image			
_	I Delivery				1		T	
3.20	☐ CD Case and Label				\$10.00 each			
3.21	Portable Hard Drive (pr	ovided by client)			\$0.00			
3.22	Services					\$0.00		
3.23	Services  Additional Labor (prep.	setup verification	1		\$20.00 n	er hour		
3.24	Expedited Project Fee		)		\$20.00 per hour			
3.25	☐ Hazardous Document I		dox etc)		\$50.00 per item \$25.00 per hour			
3.26	☐ Indexing, Per Index Iter	<b>O</b> ( )	,		\$0.10 pc	-		
ESTIN	MATED TOTAL COST OF S				ψο. το per critis			
ACTU	AL TOTAL COST OF SER	VICE (to be filled	out by SIML)					
					l			
SECTION 4: REQUESTOR'S FINANCE CONTACT INFORMATION & PAYMENT REMITTANCE  Name of Requestor's Finance Coordinator  Telephone Number ( )  Shipping Address (number and street, city, state, and ZIP code)  Project Returned Via: UPS Info Express Pick-up Delivery Other:								
	ents Remit to: a Archives and Records Adı	ministration ATTN:	Finance Division, 402 We	st Washingto	on Street, Roo	m W478, lı	ndianapolis, IN 4620	4
			IESTOR'S ACKNOWLE					
	imer: Upon receipt of this for pancies are remediated. Sur							
discrepancies are remediated. Submission of this form does not guarantee project acceptance by the St Signature of Requestor			, , , , , , , , , , , , , , , , , , ,		Date (month, day,	-		
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		респоп.			Date (month, day, year)			
	SE	CTION 7: IARA	STATE IMAGING AND	MICROFII	LM LABORA	TORY U	SE ONLY	
Date R	eceived (MM/DD/YYYY)	Project Number		Roll Range			Estimate Number	
Date S	hipped (MM/DD/YYYY)	Tracking Number		Invoice Number			Total Cost	
Deliver	ables to Requestor	☐ Master Micro	film	☐ Paper Do	ocuments		☐ Duplicate Fili	m
Deliverables to Record Center  ☐ Shredding ☐ Other:		Deliverable to Archives:  ☐ Microfilm ☐ Paper Documents			nts			
Microfilm Transmittal Form:		Compliance Verification Form Sent:  ☐ Yes ☐ No						