PDE 387

# INTERMEDIATE UNIT CERTIFICATION OF PARTICIPATION IN THE ONLINE ACCESS TO PERIODICAL AND REFERENCE DATABASES PROGRAM

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|---|---|
| INTERMEDIATE UNIT | ADMINISTRATIVE UNIT NUMBER |
| ADDRESS | INTERMEDIATE UNIT NUMBER AND COUNTY |
| | CITY/STATE ZIP + EXTENSION |

The _____ Intermediate Unit

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- Agrees to the partnership and terms of the plan attached to this certification.
- Understands that POWER Library is a library project that is coordinated and managed by the school library and librarian at each site
- Understands that continuation of this agreement is subject to continued annual State funding from the Office of Commonwealth Libraries and contractual agreements with vendors.
- Agrees not to share password authorizations with sites not participating in the project.
- Assures the Office of Commonwealth Libraries that filtering software and firewall technology will not interfere with patron access to the periodical and reference databases.
- Agrees to have staff participate in a train-the-trainer Power Library training scheduled by the Office of Commonwealth Libraries.
- Agrees to have trained staff conduct POWER Library training for participating school districts.

Recognizing that library service within the Intermediate Unit's direct service area and throughout the Commonwealth will be improved by having access to periodical and reference databases:

The above named Intermediate Unit certifies its agreement to participate in the Online Access to Periodical and Reference Databases program operated by the Office of Commonwealth Libraries, Department of Education.

The Intermediate Unit understands that the Office of Commonwealth Libraries reserves the right to make revisions to the program or terminate the program based on the availability of funding and program needs.

On behalf of the above named Intermediate Unit, we, the undersigned, hereby submit this certification for participation in this program. We understand that the Intermediate Unit will not be eligible for participation if the agreements are violated.

**PLEASE SIGN AND TYPE NAME**

| | | |
|---|---|---|
| Executive Director | Area Code and Telephone Number | Date |
| IMS Director | Area Code and Telephone Number | IMS Director's E-mail Address |
| IP Address Range or Public Proxy IP Address* | IU E-mail Address | |

INSTRUCTIONS: Mail this certification form with original signature(s) and three copies to:

Mailing Address:
E-Resources Application
Hosting Solutions & Library Consulting
3600 Market Street, Suite 550
Philadelphia, PA 19104

* IP Address Range or Public Proxy IP Address required for sites with local area networks, not dial access. The technology coordinator should be able to provide this information. Authentication will be coordinated through the contractor selected by the Pennsylvania Department of Education, Office of Commonwealth Libraries.

# GUIDELINES FOR THE ONLINE ACCESS TO THE PERIODICAL AND REFERENCE DATABASES PROGRAM

A. **PURPOSE OF PROGRAM**. The purpose of this library program is to provide Pennsylvania public libraries, school libraries, intermediate units, and library users online graphical and full-text access to periodical and reference databases (newspaper, magazines and other resources) covering a broad range of subjects.

B. **ELIGIBILITY**.

1. State-aided public libraries that participate in the Access Pennsylvania Statewide Library Card program.

2. School libraries participating in the Access Pennsylvania Database and intermediate units. All school libraries within a participating public school district are eligible. Each private school becomes eligible individually by participating in the Access Pennsylvania Database project.

3. Each intermediate unit must partner with eligible school libraries within participating school districts.

C. **REQUIREMENTS FOR PARTICIPATION.**

1. Participation Agreement. Every participant in the program shall file with The Office of Commonwealth Libraries a Certification of Participation, passed by the library board of directors or approved by the school district superintendent, intermediate unit executive director, or head master. The Certification of Participation shall contain all assurances required by The Office of Commonwealth Libraries and be filed in such form, manner and time as specified by The Office of commonwealth Libraries. It shall attest to the participant's compliance with the requirements of this program.

2. Beginning Date. **Applications will be processed as received.**

3. This program will supplement, not supplant, local funding from municipalities or school districts.

4. When not physically in the school library or intermediate unit facility, POWER Library users **must** access the databases through their public libraries' home pages.

5. Participants must agree to plan and expand their partnership with their participating public library, school library or intermediate unit.

   The partnership plan may include, but are not limited to the following activities:

   - An annual meeting of the partners to discuss and review and, if necessary, revise the plan of cooperation.

   - The development of a plan to register students as public library patrons in cooperation with the local school district. Such registration will allow student access to the periodical and reference databases from home through the public library's home page.

The partnership plan must also include AT LEAST ONE of the following suggested activities that would satisfy the partnership requirement. Check the activities that will occur:

- ☐ Piggyback on the intermediate unit's high speed Internet connection.
- ☐ Establish links to each other's web page.
- ☐ Train school librarians and/or students to access the public library's electronic card catalog.
- ☐ Provide some level of technical computer support to the local school district and public library.
- ☐ Provide some level of mutually agreed upon computer training for local school district and public library staff members.
- ☐ Host a home page for the school district and public library.
- ☐ Provide E-mail accounts for the school district and public library.
- ☐ Other: (please specify)

_____

_____

# PARTNERSHIP DATA

***Intermediate Units:*** **Complete the following:**

School library partner _____

Name of school librarian _____

Address of school library partner _____

_____

_____

Phone number of school library partner _____

If the school library has more than one partner, please attach additional sheets.