**State of Rhode Island**

**Rhode Island State Archives & Public Records Administration**

**NOTICE OF INTENT TO DIGITIZE**

*In accordance with R.I. Gen. Laws §§ 38-3-6(k) and 38-3-5.*

The Public Records Administration requires all government agencies planning to digitize public records that were originally in paper format to complete a Notice of Intent to Digitize form to document the necessary requirements to ensure the digital records are accessible for the full retention period of the records.

If the original paper records are eligible to be destroyed after digitization, this form must be included every time when submitting a Certification of Records Destruction for approval.

***This form must be updated and resubmitted for approval if an agency modifies scanning procedures, storage methods, or if retention periods are amended in the future.***

For additional resources:

* [Records Retention Schedules](https://sosri.access.preservica.com/uncategorized/SO_055847f5-a7d7-4cd3-86af-509cfbfe8d68/)
* [Digitizing Public Records Guidance Document](https://www.sos.ri.gov/divisions/frequent-filers/records-management/guidelines)
* [Navigating the Digital Lifecycle Webinar](https://sosri.access.preservica.com/uncategorized/IO_0cd512c3-3e46-48e0-b305-c9c4c293226c/)
* [Records Management Regulation for Electronic Records (100-RICR-40-05-1.7(C))](https://rules.sos.ri.gov/Regulations/Part/100-40-05-1)
* “[Levels of Digital Preservation](https://ndsa.org/documents/NDSA_Levels_Archiving_2013.pdf)” PDF; *Proceedings of the Archiving (IS&T) Conference,* April 2013, Washington, DC.

**Agency Name:** **Date: / /**

**Division/Unit:**

**Agency Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Address:** |  | | | | |
| **Records Officer Name:** | |  | | | |
| **Project Coordinator Name** (*if different*)**:** | | | | |  |
| **Project Coordinator’s Phone:** | | | |  | |
| **Project Coordinator’s Email:** | | |  | | |

**Record Series Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have retention periods been established and approved for the records to be digitized in either an agency specific Records Retention Schedule or General Records Retention Schedule?** | | | | | | | | | |
| **Yes** (*if no, leave blank*)**:** | | | | | | | | | |
| *Copy and paste the record series information from the associated* [*Records Retention Schedule*](https://sosri.access.preservica.com/uncategorized/SO_055847f5-a7d7-4cd3-86af-509cfbfe8d68/)*:* | | | | | | | | | |
| **Record Series Number** (*i.e., GRS1.1a*)**:** | | | | | |  | | | |
| **Record Series Title:** | | | |  | | | | | |
| **Record Series Subseries Title** (*if applicable*)**:** | | | | | | |  | | |
| **Retention Period:** | | |  | | | | | | |
| **If the records retention is 10 years or more, a** [**Digital Preservation Plan**](https://sosri.access.preservica.com/uncategorized/SO_b711a104-1877-4d89-9987-e3797c42ba9b/) **is required:** | | | | | | | | | |
| **Digital Preservation Plan attached?** | | | | | **Yes** | | | **No, the retention is less than 10 years** | |
| **Date Span:** |  | | | | **Volume** (*cubic feet*)**:** | | | |  |
| **No** (*if yes, leave blank*)**:** | | | | | | | | | |
| **What is the function of the records?** | | | | | | | | | |
|  | | | | | | | | | |
| **What is the content of the records?** | | | | | | | | | |
|  | | | | | | | | | |
| **Date Span:** | |  | | | **Volume** (*cubic feet*)**:** | | | |  |
| ***Note:*** *Records without an assigned record series from an established and approved Records Retention Schedule cannot be destroyed and are considered* ***permanent*** *until assigned.* | | | | | | | | | |

**Document Specifications to be Used When Digitizing**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Color Mode:** | **Color** | **Black & White** | | **Greyscale** | | |
| **File Format** (*i.e., JPG, TIFF, PDF, etc.*)**:** | | |  | | | |
| **Image Resolution, if applicable** (*i.e., 600 DPI*)**:** | | | | |  | |
| **File Storage Location** (*i.e., hard drive, OneDrive, etc.*)**:** | | | | | |  |

**Digitization Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Using State Master Price Agreement contractor/vendor?** | | | | | | | | | | | | | **Yes** | | | | **No** | | | |
| **Digitization Hardware:** | | |  | | | | | | | | | | | | | | | | | |
| **Digitization Software:** | | |  | | | | | | | | | | | | | | | | | |
| **Using Open System Architecture?** | | | | | | | | | | | | | | | | | | | | |
| *Open system architecture means a computer system that works with other software and hardware manufactured by different vendors without having to retrofit and/or redesign.* | | | | | | | | | | | | | | | | | | | | |
| **Yes** (*if no, leave blank*)**:** | | | | | | | | | | | | | | | | | | | | |
| **System Name:** |  | | | | | | | | | | | | | | | | | | | |
| **Will records be indexed?** | | | | | **Yes** | | | **No** | | | | | | | | | | | | |
| *If yes, answer the following:* | | | | | | | | | | | | | | | | | | | | |
| **Indexing Method:** | | | | **Database** | | | | | | **OCR** | | **Manual** | | | | **Other:** | | | |  |
| **Will the system back up the records?** | | | | | | | | | | **Yes** | | **No** | | | | | | | | |
| *If yes, answer the following:* | | | | | | | | | | | | | | | | | | | | |
| **File Format:** | |  | | | | | | | | | | | | | | | | | | |
| **Image Resolution, if applicable:** | | | | | | | | |  | | | | | | | | | | | |
| **File Storage Location:** | | | | | |  | | | | | | | | | | | | | | |
| **No** (*if yes, leave blank*)**:** | | | | | | | | | | | | | | | | | | | | |
| **Will records be indexed?** | | | | | **Yes** | | | | **No** | | | | | | | | | | | |
| *If yes, answer the following:* | | | | | | | | | | | | | | | | | | | | |
| **Indexing Method:** | | | | **Database** | | | | | | **OCR** | | **Manual** | | | | **Other:** | | |  | |
| **Will there be backup files?** | | | | | | | **Yes** | | | **No** | | | | | | | | | | |
| *If yes, answer the following:* | | | | | | | | | | | | | | | | | | | | |
| **Backup Media Type:** | | | | | | | **Microfilm** | | | | **CD-R** | | | | **Paper** | | | **Magnetic Tape** | | |
|  | | | | | | | **WORM** | | | | **Other:** | | |  | | | | | | |
| **Backup File Storage Location:** | | | | | | | |  | | | | | | | | | | | | |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Agency Head’s Name:** |  | |
| ***I hereby certify that the information provided above is accurate.*** | | |
| **Agency Head’s Signature:** | | **Date:** |
|  | | **/ /** |

|  |  |  |
| --- | --- | --- |
| **Project Coordinator’s Name:** |  | |
| ***I hereby certify that the information provided above is accurate.*** | | |
| **Project Coordinator’s Signature:** | | **Date:** |
|  | | **/ /** |

|  |  |  |
| --- | --- | --- |
| **State Archivist & Public Records Administrator’s Name:** |  | |
| **State Archivist & Public Records Administrator’s Signature:** | | **Date:** |
|  | | **/ /** |

**Send the completed form to the Rhode Island State Archives & Public Records Administration:**

**33 Broad Street, Providence, RI, 02903 |** [**records@sos.ri.gov**](mailto:records@sos.ri.gov)