



Rhode Island State Archives
NOTICE OF INTENT TO DIGITIZE

CONTACT
Phone: 401-222-2353
Email: statearchives@sos.ri.gov

Notice of Intention to Digitize

Section 1. Agency Information

Agency Name:

Sub-Unit Name (Division/Bureau/Office):

Address:

Project Coordinator:

Telephone Number:

Email:

Section 2. Record Series Description

Have retention periods been established for the records either in an approved agency specific records retention schedule or in the General Records Schedule?

Yes (if yes, answer the following)

Record Series Number:

Record Series Title:

Date Span of Records:

Physical Dimensions:

Section 2. cont. on next page



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Section 2. Record Series Description (cont.)

No (if no, answer the following)

Records Function and Content Description:

Date Span of Records:

Retention Period of Select Records:

Physical Dimensions:

Section 3. Document Color:

Black and White

Grayscale

Color



Section 4. Imaging Information

Agency using state Master Price Agreement contractor/vendor?

Yes (if yes, proceed to Section 5)

No (if no, answer the following)

List Hardware:

List Software:

Agency using Open System Architecture:

Yes (if yes, answer the following)

Image File Format:

Image Resolution:

No (if no, answer the following)

Indexing:

OCR

Database

Manual

Number of Fields:

Backup Media:

None

Microfilm

CD-R

Paper

WORM

Magnetic Tape

Other:



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Section 5. I hereby certify that the information provided on this form is accurate.

Agency Head

Signature: _____

Print Name: _____

Date: _____

Project Coordinator

Signature: _____

Print Name: _____

Date: _____

State Archivist/Public Records Administrator

Signature: _____

Print Name: _____

Date: _____

Statutory Authority: R.I. Gen. Laws §§ 38-3-6(k) and 38-3-5.

Return to:

State Archives & Public Records Administration

33 Broad Street

Providence, RI 02903

Email: records@sos.ri.gov