

Acquisitions: Getting Started

These worksheets will assist you in gathering the information required to set up the Acquisitions Module.

Library Name: _____

FUNDS

Check the boxes of the sources from which you receive collection funding for the year

- | | |
|---|---|
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Capital Funds |
| <input type="checkbox"/> Provincial Government | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Public Library Services Branch | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Friends of the Library |
| <input type="checkbox"/> Regional District | <input type="checkbox"/> Other: _____ |

List your specific Yearly Collection Funding Sources below and the amount of funding you receive

FUNDING SOURCES WORKSHEET

<i>ie. City of Fiction</i>	\$ 275 654.78
1. _____	\$ _____.
2. _____	\$ _____.
3. _____	\$ _____.
4. _____	\$ _____.
5. _____	\$ _____.
6. _____	\$ _____.
7. _____	\$ _____.
8. _____	\$ _____.
9. _____	\$ _____.
10. _____	\$ _____.
Total Funding for 2015	\$ _____.

COLLECTION FUNDS WORKSHEET

1. List your Funds.
2. Create a code for each fund.
3. Assign a percentage of your total funding to each fund. (Your percentages must add up to 100%)
4. List the Funding Source(s) for each fund.
5. Calculate the dollar amount to be allocated to each fund from the Funding Source(s).

Code	Fund Name	Percentage	Dollar Amount	Funding Source(s)
ANF	Adult Non-Fiction	10.00%	\$27 565.48	City of Fiction
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
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		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	
	Total	100.00%	\$	

CLAIM POLICIES WORKSHEET

All claiming in Evergreen is currently manual. Libraries can setup claim policies to alert them when an item is claim ready.

Claim Policy Name: _____
 Period to wait until you make Claim: _____
 Method of Contact: _____

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 Method of Contact: _____

PROVIDERS (VENDORS) WORKSHEET

List all vendors you purchase collection materials from.

Provider (Vendor)

Name of Provider: _____

Name of Contact: _____

EDI Account (*circle*): yes/ no

SAN (Standard Address Number): _____

E-mail: _____

Currency: _____

Phone: _____

Ordering Discount: _____

Fax: _____

Types of Materials Ordered:

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> books | <input type="checkbox"/> music CDs | <input type="checkbox"/> games |
| <input type="checkbox"/> magazines | <input type="checkbox"/> playaways | <input type="checkbox"/> story boxes |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> audiobooks | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> VHS | <input type="checkbox"/> electronic books | |

Default # of Copies _____

Default Claiming Policy: _____

Ordering Frequency:

- All the time Quite often A few times a year Only special orders Last time I ordered?

**Congratulations, now that you have gathered all the necessary information
you are ready to set up the Acquisitions Module in Evergreen.**

For specific Evergreen instructions see the [Sitka Evergreen Aquisitions Manual: Part III Administration](#)

Provider (Vendor)

Name of Provider: _____

Name of Contact: _____

EDI Account (*circle*): yes/ no

SAN (Standard Address Number): _____

E-mail: _____

Currency: _____

Phone: _____

Ordering Discount: _____

Fax: _____

Types of Materials Ordered:

- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> books | <input type="checkbox"/> music CDs | <input type="checkbox"/> games |
| <input type="checkbox"/> magazines | <input type="checkbox"/> playaways | <input type="checkbox"/> story boxes |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> audiobooks | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> VHS | <input type="checkbox"/> electronic books | |

Default # of Copies _____

Default Claiming Policy: _____

Ordering Frequency:

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Name of Contact: _____

EDI Account (*circle*): yes/ no

SAN (Standard Address Number): _____

E-mail: _____

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- | | | |
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