

# RECORDS INVENTORY THE CITY OF FREDERICK

<i>Instructions - Type or print a separate form for each new or revised record series.</i>		Department of <u>Community Development</u> <u>4 West 7th Street</u>  Frederick, Maryland 21701	PAGE <u>1</u> OF <u>1</u>
1. Position	2. Division		
Director			
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.			
4. Record Series Title	Community development state and local <sup>reference</sup> information.		5. Earliest Year/Latest Year <u>1997</u> to <u>present</u>
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)			
General information regarding state, DHCD, programs, and local public and private programs of interest. (reference)			
7. Record Series Format(s)	8. Record Series Filing Sequence	9. Volume	
<input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) & bookcase 10. Approximate Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) (ongoing in both)	
11. <del>File is used</del> Files are used	12. File Becomes Inactive After		
<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly	_____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office)		
4 West 7th Street Director's office	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))	16. Audit Requirements		
	<input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)	18. Recommended Retention <i>Retain until updated or superseded</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<del>Permanent - updated info received and outdated materials pitched.</del>		
19. Name and Title of Preparer	20. Telephone Number	21. Date	
Marta Johnston, Secr III	301-228-2842	11/30/99 <i>10/2/00</i>	

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1. Position  Rehab Specialist	2. Division		
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.			
4. Record Series Title  Operation Rehab individual files.	5. Earliest Year/Latest Year  <u>1979</u> to <u>present</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Includes documentation required for each applicant's request for funds. Closed files are kept for reference and historical use.			
7. Record Series Format(s)  <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Filing Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>4</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. <del>File is used</del> Files are used (current) <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly (prior years)		12. File Becomes Inactive After  <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room)  4 West 7th Street  Rehab Specialist's office	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))	16. <del>Audit</del> Requirements Monitoring  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention <i>Retain until grant is permanent closed plus 5Y and until all audit requirements have been met, then destroy.</i>  Permanent		
19. Name and Title of Preparer  Marta Johnston, Secr III	20. Telephone Number  301-228-2842	21. Date  11/30/99 <i>11/30/99</i>	

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1. Position  Director	2. Division		
<b>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>			
4. Record Series Title  HUD guidelines, notices, handbooks.	5. Earliest Year/Latest Year  1980 to present		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Various HUD policy statements, guidance on topics, such as drug free workplace, affirmative action, accessibility standards, etc.			
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Filing Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) and bookcase 10. Approximate Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) (ongoing in both)	
11. <del>File is Used</del> Files are used  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	12. File Becomes Inactive After  <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4 West 7th Street	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))	16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention <i>Retain until updated. info</i> <del>Permanent - updated info received and outdated materials pitched.</del> <i>superseded</i>		
19. Name and Title of Preparer  Marta Johnston, Secr III	20. Telephone Number  301-228-2842	21. Date  11/30/99 <i>WJ/SLW</i>	

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1. Position		2. Division	
Director			
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.			
4. Record Series Title		5. Earliest Year/Latest Year	
HUD financials		1996 to present	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)			
Includes letter of credit, bank statements, monthly worksheets, Federal Cash Transaction Reports, Federal Cash Control Register, Grant Year Summaries, etc. Up-to-date account of grant activities.			
7. Record Series Format(s)		8. Record Series Filing Sequence	9. Volume
<input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) binder  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) (ongoing-same binder)
11. File is Used		12. File Becomes Inactive After	
<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		_____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office)	
4 West 7th Street Director's office		<input checked="" type="checkbox"/> Yes secr PC <input type="checkbox"/> No	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))		16. Audit Requirements and City	
		<input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)		18. Recommended Retention	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>Retain for life</i> <i>Permanent of loan, plus 34,</i> <i>then destroy.</i>	
19. Name and Title of Preparer		20. Telephone Number	21. Date
Marta Johnston, Secr III		301-228-2842	11/30/99 <i>10/2/00</i>

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1. Position  Secretary III	2. Division		
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.			
4. Record Series Title  Accounting (check requests, expense reports, purchase requisitions, etc.)	5. Earliest Year/Latest Year  1997 to present		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Blank and completed copies kept in files; completed copies maintained for reference and backup purposes.			
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Filing Sequence  <input checked="" type="checkbox"/> Alphabetical (individual files) <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological (within file) <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume  <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  10. Approximate Annual Accumulation  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  (ongoing-same drawer)	
11. <del>File is Used</del> Files are used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4 West 7th Street secretary's office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office) Finance <input checked="" type="checkbox"/> Yes Purchasing <input type="checkbox"/> No	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))		16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention Permanent <i>Retain 3 Y</i> <i>and until all audit requirements have been met, then destroy.</i>	
19. Name and Title of Preparer  Marta Johnston, Secr III	20. Telephone Number  301-228-2842	21. Date  11/30/99 <i>10/2/00</i>	

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Department of  
Community Development  
4 West 7th Street

PAGE 1 OF 1

Frederick, Maryland 21701

1. Position

2. Division

Secretary III

**DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.**

4. Record Series Title

5. Earliest Year/Latest Year

Personnel - *Time Records*

1997 to present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Time proofs and original time sheets for department personnel (director and secretary). Maintained as backup and reference.

7. Record Series Format(s)

8. Record Series Filing Sequence

9. Volume

- Letter Size     Microfilm  
 Legal Size     Computer Tape  
 Bound Book     Floppy Disk  
 Audio Tape     Video Tape  
 Other (specify)

- Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify)

- File Drawer(s)  
 Microfilm Reel(s)  
1  Computer Tape(s)  
Number  Other (specify)  
binder

10. Approximate Annual Accumulation

- File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
Number  Other (specify)

(ongoing-same binder)

11. File is Used

12. File Becomes Inactive After

- Daily     <sup>bi-</sup>Weekly     Monthly

- Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere?

4 West 7th Street  
secretary's office

(If yes, specify agency or Office)

- Yes    HR     No

15. Access Restrictions     Yes     No  
(If Yes, cite Law(s) & Regulations(s))

16. Audit Requirements

- None     State     Federal     Independent

17. Is an Index System Used?

18. Recommended Retention

(If yes, explain briefly and describe any hardware/software)  
 Yes     No

~~Permanent~~ *Retain 3y, then destroy.*

19. Name and Title of Preparer

20. Telephone Number

21. Date

Marta Johnston, Secr III

301-228-2842

11/30/99

*10/2/00*



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1. Position  Secretary III	2. Division		
<b>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>			
4. Record Series Title  Correspondence <i>outgoing</i>	5. Earliest Year/Latest Year  <u>1997</u> to <u>present</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Copies of all correspondence (outgoing) dictated by director (memos, letters, etc.). Used for reference and followup purposes.			
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Filing Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) binder  10. Approximate Annual Accumulation  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) binder	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4 West 7th Street secretary's office	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or Office)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulations(s))	16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent Screen annually. Destroy material having no further fiscal, legal or operational value. Retain permanently any material that serves to document the origin development and accomplishments of the department <b>Transfer periodically to the MD Archives.</b>		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended <del>Permanent</del>		
19. Name and Title of Preparer Marta Johnston, Secr III	20. Telephone Number 301-228-2842		
11/30/99 10/2/00			