FCLA Digital Archive (FDA) Policy Guide

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POLICY GUIDE

1. Who can use the FDA?

The FDA is available for the use of the public university libraries in the Florida Board of Education's Division of Colleges and Universities and to PALMM partners. A PALMM partner (Partner) is an institution that has signed a formal partnership agreement with a library in the Florida state university system to participate in one or more PALMM projects. A written Agreement between the Library or Partner and FCLA is required before the Library or Partner can submit materials to the FDA. Other units within the public university system may submit materials for archiving only indirectly, by arranging for a Library to include these materials in its Agreement.

2. What materials can be deposited in the FDA?

Any digital object can be deposited in the FDA provided that:

a) the object is within the scope of the Agreement between the submitting Library or Partner and FCLA;

b) the submitting Library or Partner has the right to authorize the deposit of the object, and the copying and/or reformatting of the object for preservation purposes.

Any file format can be deposited in the FDA. However, only files in supported formats will receive full preservation services with the aim of ensuring the continued usability of the file. Files in unsupported formats will be preserved in their original (submitted) version only (bit-level preservation).

3. What services are offered by the FDA?

The FDA will provide the following services:

a) Deposit of logical objects. A logical object is defined as a set of one or more physical files (bitstreams) which together make up a describable intellectual entity. Examples of logical objects include: a pamphlet digitized as a single PDF file; a paper with XML tagging along with the DTD defining the XML encoding; a book digitized as a series of TIFF files along with the structural metadata required to relate the TIFF files for presentation and the schema defining the structural metadata.

b) Secure storage and management of physical files. This includes maintaining onsite and offsite backup copies, virus checking, error-checking, and periodic refreshment by copying files to new storage media.

c) Full preservation services for supported formats. Full preservation includes the bit-wise preservation of the originally submitted files, as well as services intended to ensure that the information content of the files will remain usable into the indefinite future. Services (when applicable) include the creation of normalized forms of the file, and the reformatting of obsolete formats to reasonably comparable successor formats. It is not guaranteed, however, that normalized or migrated versions of any file will be identical in functionality, look and feel to the original file. Note also that if a logical object is made up of individual files in both supported and unsupported formats, there is no guarantee that the logical object will remain usable as intended.

d) Accounting and reporting. The FDA will provide periodic statistical and billing reports to Libraries and Partners about their own use of the FDA.

e) Dissemination of logical objects. Logical objects will be disseminated by FTP upon request of the submitting Library or Partner. The FDA will support dissemination requests by any combination of significant factors, for example by title, by file type, by project code, or by date of deposit. The standard dissemination package for any logical object will include the original version of deposited files along with the best available reformatted equivalents. Disseminated files remain in the FDA unless also withdrawn.

f) Withdrawal of logical objects. Logical objects can be withdrawn from the FDA on written request of the submitting Library or Partner. Withdrawn objects will be deleted from the FDA along with their control metadata. Upon request, logical objects can be disseminated before withdrawal.

4. What are "supported formats"?

Supported formats are file formats for which the FDA has developed an action plan (preservation strategy) for long-term usability. Whether a format is supported may be determined by a combination of a number of factors, including physical structure (e.g. MIME-type or file extension), creation method (e.g. software program and version), and file modifications (e.g. compression or encryption).

5. How much will FDA archiving services cost?

FCLA will provide FDA archiving services free of charge until January 1, 2005. After that date, cost recovery billing may be established. Charges are expected to compare favorably with commercially available archiving services. It is not known at this time what factors will be used in the billing algorithm. However, it seems likely that the amount of storage used will be one factor, as will the level of preservation (bit-wise preservation only, or full preservation services).

6. What are the responsibilities of the FDA?

The FDA is responsible for:

a) reliably providing services as described in item 3 above;
b) maintaining current documentation regarding supported and unsupported formats, and making available the preservation action plan for each supported format;
c) making a best-faith effort to provide reformatting programs that are as lossless and as state-of-the-art as possible;
d) ensuring that access to archived content is restricted to authorized individuals at the submitting Library or Partner institution;
e) removing from the FDA any logical object on written notification that the deposit and/or preservation treatment of the object constitute a violation of a third party's intellectual property rights.

7. What are the responsibilities of submitting Libraries and Partners?

The submitting institution is responsible for:

a) assuming liability for any breach of intellectual property rights occasioned by the deposit, copying and/or preservation treatment of deposited objects;
b) submitting appropriate descriptive, administrative and structural metadata as required by FDA documentation;
c) maintaining an Agreement with FCLA with current specifications for materials to be deposited and current contacts;
d) satisfying financial obligations to the FDA at such time as billing is implemented.