

MISSOURI STATE LIBRARY
CITY-BUDGET Municipal Library Application, for FY17 State Aid Grant

Date: _____ City: _____

Fiscal Year of this report: From _____ to _____

1	Name of Library:
2	Name of Library Director:
3	Address of library's main office (street address, P.O. Box, city, zip code):
4	County or counties within library district boundaries:
5	Phone number:
6	Amount of per capita State Aid funds received during fiscal year of this report: \$

7	How have or will these funds be spent? On a separate page, please provide a brief narrative describing what was purchased in each category and attach it to the application.	
	CATEGORY	PER CAPITA FUNDS BUDGETED/SPENT
	Building/Capital/Maintenance	\$
	Furniture	\$
	Library Collections	\$
	Personnel	\$
	Programs	\$
	Public Relations	\$
	Technology: Equipment and Software	\$
	Other	\$

THE FOLLOWING TO BE COMPLETED BY APPROPRIATE CITY OFFICIAL		
8	TOTAL ASSESSED VALUATION of City for the last full fiscal year:	\$
9	LIBRARY INCOME for fiscal year of this report: Total funds received and spent by the library from the City for the last full fiscal year. Include salaries, utilities, maintenance, and contracted repairs. DO NOT include in-kind services (such as use of a city building), State Aid grants, or any other miscellaneous income (donations, bequests, book sales, fundraising...).	\$
10	DIVIDE Line 9 (amount the library received from the city) by Line 8 (total assessed valuation):	\$
11	MULTIPLY amount on Line 10 by 100: This is the equivalent tax rate which would generate the amount provided.	\$

CERTIFICATIONS (by City Official and Library Director)	
<i>We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.</i>	
_____ Name of City Official providing information (please type or print)	_____ Title of City Official
_____ Signature of City Official providing information	
_____ Email address of City Official	_____ Phone number of City Official
_____ Signature of Library Director	_____ Email address of Library Director

DEADLINE: Applications must be completed, signed, and submitted to the Missouri State Library by email, fax, or mail on or before July 31, 2016, to be eligible for State Aid during the current fiscal year.

Email the State 5]X Application to mostlib@sos.mo.gov, OR

Fax the State Aid Application to (573) 751-3612, OR

Mail the State Aid Application to:

State Aid Application
Missouri State Library
600 West Main Street, P.O. Box 387
Jefferson City, MO 65102-0387