

**MISSOURI STATE LIBRARY**  
**COUNTY or CITY-COUNTY Library District Application, for FY17 State Aid Grant**

Date: \_\_\_\_\_ Fiscal Year of this report: From: \_\_\_\_\_ to: \_\_\_\_\_

1	Name of library taxing district:	
2	If library district is part of a regional library, please give name:	
3	Name of Library Director:	
4	Address of library's main office (street address, P.O. Box, city, zip code):	
5	County served:	
6	Phone number:	
7	Amount of per capita State Aid funds received during fiscal year of this report:	\$
8	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.	
	<b>CATEGORY</b>	<b>PER CAPITA FUNDS BUDGETED/SPENT</b>
	Building/Capital/Maintenance	\$
	Furniture	\$
	Library Collections	\$
	Personnel	\$
	Programs	\$
	Public Relations	\$
	Technology: Equipment and Software	\$
	Other	\$
9	Library tax rate on December 31, 1946, OR on date of library's establishment (if after 1946)	\$
<b>THE FOLLOWING TO BE COMPLETED BY CERTIFYING COUNTY OFFICIAL:</b>		
10	TOTAL ASSESSED VALUATION of Library District for the last full fiscal year:	\$
11	Current allowable library tax rate as approved by <b>voters</b> .	\$
12	Library tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report:	\$
13	ACTUAL library tax rate levied (on \$100 valuation): (Rate set by the <b>Library Board</b> at public hearing, and levied during fiscal year of this report)	\$
14	LIBRARY TAX INCOME for fiscal year of this report: (Report amount <u>COLLECTED</u> on assessed valuation and include delinquent and intangible taxes)	\$

15	<p>If Line 13 is less than 10¢, or less than the amount reported on Line 9 or Line 11, state the reason for the reduction:</p> <p>_____ Reduction due to Hancock rollback</p> <p>_____ Voluntary reduction determined by Library Board</p> <p>_____ Other (please state):</p>
16	<p><b>CERTIFICATION (by County Official)</b>  I certify that the information I have reported above is true and correct.</p> <p>_____</p> <p><b>Name and Title</b> of City or County Official providing information (please type)</p> <p>_____</p> <p>Signature of City or County Official providing information</p> <p>_____</p> <p>Email address of City or County Official _____ Telephone number of City or County Official _____</p>

**CERTIFICATION (by Library Officials):**

We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.

\_\_\_\_\_

Library Director \_\_\_\_\_ Treasurer of Library Board \_\_\_\_\_

\_\_\_\_\_

Email address of Library Director \_\_\_\_\_

*\* Required by RSMO 181.060.3. Alternate signature is permitted IF authorized by current board by-laws; you must attach a copy of this section of your by-laws.*

**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 Aid Application to [mostlib@sos.mo.gov](mailto: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**