

**MISSOURI STATE LIBRARY**  
**VOTED-TAX Municipal Library Application, for FY17 State Aid Grant**

Date: \_\_\_\_\_ City: \_\_\_\_\_

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

1	Name of Library taxing district:	
2	If library 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/counties within library district boundaries:	
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 A CERTIFYING CITY or COUNTY OFFICIAL:</b>		
10	TOTAL ASSESSED VALUATION of Library District for the last full fiscal year:	\$
11	Current 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) (This is the 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	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:  _____ Reduction due to Hancock rollback                      _____ Voluntary reduction determined by Library Board _____ Other (please state):	

16	<b>CERTIFICATIONS (by City Official)</b> I certify that the information I have reported above is true and correct.	
	_____ Signature of City Official	
	_____ Name of City Official providing information (please type or print)	_____ Title of City Official
	_____ Email address of city official	_____ Telephone number of city official

**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 <i>* Required by RSMO 181.060.3. Alternate signature is permitted <b>IF</b> authorized by current board by-laws; you must attach a copy of this section of your by-laws.</i>
_____ 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 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**