

**MISSOURI STATE LIBRARY**  
**CITY-BUDGET Municipal Library Application, for FY25**  
**State Aid Grant**

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

Library Fiscal Year of this report (MM/DD/YY): 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	Phone number:	
5	Amount of per capita State Aid funds received between <b>July 1, 2023</b> and <b>June 30, 2024</b> :	\$
6	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/Grounds/Utilities/Furnishings	\$
	Library Collections	\$
	Personnel	\$
	Programs	\$
	Public Relations	\$
	Technology: Equipment and Software	\$
	Other	\$
<b>COMPLETE THE ITEMS BELOW BASED ON THE LIBRARY'S MOST RECENTLY COMPLETED FISCAL YEAR</b>		
7	TOTAL ASSESSED VALUATION of City for the last completed fiscal year:	\$
8	LIBRARY INCOME for fiscal year of this report: Total funds received and <b>spent</b> by the library from the City for the last full fiscal year. Include salaries, utilities, maintenance, and contracted repairs. <b>DO NOT</b> include in-kind services (such as use of a city building), State Aid grants, or any other miscellaneous income (donations, bequests, book sales, fundraising...).	\$
9	DIVIDE Line 8 (library income) by Line 7 ( total assessed valuation):	\$
10	MULTIPLY amount on Line 9 by 100: This is the equivalent tax rate which would generate the amount provided.	\$
<b>THE INFORMATION REPORTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</b>		
Signature of Library Director:		Signature of City Official:
Date:		Title of City Official:

**DEADLINE: Applications must be completed, signed, and submitted to the Missouri State Library by email, fax, or mail on or before July 31, 2024, 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**