

MISSOURI STATE LIBRARY
COUNTY or CITY-COUNTY Library District Application, for FY25 State Aid Grant

Library Fiscal Year of this report (MM/DD/YY): 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	Phone number:
6	Amount of per capita State Aid funds received between July 1, 2023 and June 30, 2024 : \$

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.
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CATEGORY	PER CAPITA FUNDS BUDGETED/SPENT
Building/Grounds/Utilities/Furnishings	\$
Library Collections	\$
Personnel	\$
Programs	\$
Public Relations	\$
Technology: Equipment and Software	\$
Other	\$

COMPLETE THE ITEMS BELOW BASED ON THE DISTRICT'S MOST RECENTLY COMPLETED FISCAL YEAR

8	TOTAL ASSESSED VALUATION of Library District for the last completed fiscal year:	\$
9	Current allowable library tax rate as approved by voters .	\$
10	Library tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report:	\$
11	ACTUAL library tax rate levied (on \$100 valuation): (Rate set by the Library Board at public hearing, and levied during fiscal year of this report)	\$
12	LIBRARY TAX INCOME for fiscal year of this report: (Report amount the library <u>RECEIVED</u> on assessed valuation and include delinquent and intangible taxes)	\$
13	If Line 11 is less than 10¢, or less than the amount reported on Line 9, state the reason for the reduction: _____ Reduction due to Hancock rollback _____ Voluntary reduction determined by Library Board	

THE INFORMATION REPORTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Library Director:	Signature of Board Treasurer:
Email Address of Library Director:	Date:

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, OR

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