

Missouri State Library
CONSOLIDATED Library District Application, for FY26 State Aid
Grant

Library Fiscal Year of this report (MM/DD/YY): From: _____ to: _____

1	Name of Library taxing district:
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 July 1, 2024 and June 30, 2025 : \$

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.																
	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%;">CATEGORY</th><th style="width: 50%;">PER CAPITA FUNDS BUDGETED/SPENT</th></tr></thead><tbody><tr><td>Building/Grounds/Utilities/Furnishings</td><td>\$</td></tr><tr><td>Library Collections</td><td>\$</td></tr><tr><td>Personnel</td><td>\$</td></tr><tr><td>Programs</td><td>\$</td></tr><tr><td>Public Relations</td><td>\$</td></tr><tr><td>Technology: Equipment and Software</td><td>\$</td></tr><tr><td>Other</td><td>\$</td></tr></tbody></table>	CATEGORY	PER CAPITA FUNDS BUDGETED/SPENT	Building/Grounds/Utilities/Furnishings	\$	Library Collections	\$	Personnel	\$	Programs	\$	Public Relations	\$	Technology: Equipment and Software	\$	Other	\$
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Other	\$																

COMPLETE THE ITEMS BELOW BASED ON THE DISTRICT'S MOST RECENTLY COMPLETED FISCAL YEAR		
7	TOTAL ASSESSED VALUATION of Library District for the last completed fiscal year:	\$
8	Current allowable library tax rate as approved by voters .	\$
9	Consolidated library district tax rate suggested by State Auditor's Office for compliance with HANCOCK Amendment during fiscal year of this report:	\$
10	ACTUAL consolidated library district TAX RATE (on \$100 valuation): (Rate set by the Library Board at public hearing, and levied during fiscal year of this report)	\$
11	LIBRARY TAX INCOME for fiscal year of this report: Report actual amount the library <u>RECEIVED</u> on assessed valuation including delinquent and intangible taxes.	
	County:	\$
	County:	\$
	County:	\$
	City:	\$
12	If Line 10 is less than 10¢, or less than the amount reported on Line 8, 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:

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DEADLINE: Applications must be completed, signed, and submitted to the Missouri State Library by email, fax, or mail on or before July 31, 2025, 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, OR