MISSOURI STATE LIBRARY COUNTY or CITY-COUNTY Library District Application, for FY26 State Aid Grant

| | Library Fiscal Year of this report (MM/DD/YY): Fr | rom: 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 , 2024 and June 30 , 2025 : \$ | | |
| 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. | | |
| | 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 Dist | rict for the last completed fiscal year: | \$ |
| 9 | Current allowable library tax rate as approved by <i>voters</i> . | | \$ |
| 10 | Library tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report: | | \$ |
| 11 | | | \$ |
| | (Rate set by the <i>Library Board</i> 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 rollbackVoluntary 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 <u>on or before July 31, 2025</u>, 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