

MISSOURI STATE LIBRARY

County or City-County Library District Application, for FY27 State Aid Grant

- 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. Phone number:
- 6. Library Fiscal Year (most recently completed fiscal year) of this report (MM/DD/YY):
From _____ to _____

Complete the Items Below Based on the Library’s Most Recently Completed Fiscal Year

- 7. **TOTAL ASSESSED VALUATION** of District for the last completed fiscal year: \$
- 8. **CURRENT TAX RATE** as approved by **voters**. (most recent voted tax rate): \$
- 9. **LIBRARY TAX RATE SUGGESTED** by State Auditor’s Office for compliance with Hancock Amendment during fiscal year of this report: \$
- 10. **ACTUAL LIBRARY TAX RATE LEVIED** (This is the 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 amount RECEIVED on assessed valuation and include delinquent and intangible taxes): \$
- 12. If line 11 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 _____

Complete the Items Below for State Fiscal Year 2026 (July 1, 2025 – June 30, 2026)

- 13. Amount of per capita State Aid funds received between **July 1, 2025** and **June 30, 2026**: \$
- 14. 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	\$

THE INFORMATION REPORTED ABOVE IS TRUE AND CORRECT

Signature of Library Director: _____ **Date:** _____

Director Email Address: _____

Signature of Board Treasurer: _____ **Date:** _____

DEADLINE: Applications must be completed, signed, and submitted to the Missouri State Library by email, fax, or mail on or before July 31, 2026, to be eligible for State Aid during the current fiscal year.

Email the State Aid Application to mostlib@sos.mo.gov