

MISSOURI STATE LIBRARY
CITY-BUDGET Municipal Library Application, for FY16 State Aid Grant

Date: _____ City: _____

Fiscal Year of this report: 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	County or counties within library district boundaries:	
5	Phone number:	
6	Amount of per capita State Aid funds received during fiscal year of this report:	\$
7	How have or will these funds be spent? Please give estimated amounts.	
	CATEGORY	PER CAPITA FUNDS BUDGETED/SPENT
	Building/Capital/Maintenance	\$
	Furniture	\$
	Library Collections	\$
	Personnel	\$
	Programs	\$
	Public Relations	\$
	Technology: Equipment and Software	\$
	Other (Please specify)	\$
THE FOLLOWING TO BE COMPLETED BY CERTIFYING CITY OFFICIAL:		
8	TOTAL ASSESSED VALUATION of City for the last full fiscal year:	\$
9	LIBRARY INCOME for fiscal year of this report: Total funds received and spent by the library from the City for the last full fiscal year. Include salaries, utilities, maintenance, and contracted repairs. DO NOT include in-kind services (such as use of a city building), State Aid grants, or any other miscellaneous income (donations, bequests, book sales, fundraising...).	\$
10	DIVIDE Line 9 (amount the library received from the city) by Line 8 (total assessed valuation):	\$
11	MULTIPLY amount on Line 10 by 100: This is the equivalent tax rate which would generate the amount provided.	\$
12	CERTIFICATION (by City Official) I certify that the information I have reported above is true and correct.	
	_____ Name and Title of City Official providing information (please type)	
	_____ Signature of City Official providing information	_____ Telephone number

MISSOURI STATE LIBRARY

CERTIFICATION (by Library and City Officials):

We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.

Library Director

Appropriate city official, such as the City Clerk or Treasurer

NOTARY:

Subscribed and sworn to before me this _____ day of _____, 2015

My commission expires _____ County: _____

Notary Public

DEADLINE: Applications must be signed, notarized, and postmarked on or before July 31, 2015, to be eligible for State Aid during the current fiscal year. Faxed applications will NOT be accepted. We recommend certified mail or any other means that will give you proof of date sent.

Mail to:

**State Aid Application
Missouri State Library
600 West Main Street, P.O. Box 387
Jefferson City, MO 65102-0387**