

Missouri State Library
CONSOLIDATED Library District Application, for FY16 State Aid Grant

Date: _____ Fiscal Year of this report: From: _____ to: _____

1	Name of Library taxing district:	
3	Name of Library Director:	
4	Address of library's main office (street address, P.O. Box, city, zip code):	
5	County/counties with library district boundaries:	
6	Phone number:	
7	Amount of per capita State Aid funds received during fiscal year of this report:	\$
8	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 COUNTY OFFICIAL/S:		
9	TOTAL ASSESSED VALUATION of Library District for the last full fiscal year:	\$
10	Consolidated library district tax rate when consolidated:	\$
11	Current allowable library tax rate as approved by the voters. Date of vote: _____	\$
12	Consolidated library district tax rate suggested by State Auditor's Office for compliance with HANCOCK Amendment during fiscal year of this report:	\$
13	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)	\$
14	LIBRARY TAX INCOME for fiscal year of this report: Report actual amount <u>COLLECTED</u> on assessed valuation and include delinquent and intangible taxes.	
	County:	\$
	County:	\$
	County:	\$
15	If Line 14 is less than 10¢, or less than the amount reported on Line 11 or Line 13, state the reason for the reduction: _____ Reduction due to Hancock rollback _____ Voluntary reduction determined by Library Board _____ Other (please state):	

16	CERTIFICATION (by County Officials) I certify that the information I have reported above is true and correct.	
	County:	Signature, Title and Phone number of County official providing information
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CERTIFICATION (by Library 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

Treasurer of Library Board
Required by RSMO 181.060.3. Alternate signature is permitted **IF authorized by current board by-laws; you must attach a copy of this section of your by-laws.*

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**