

MISSOURI STATE LIBRARY
COUNTY or CITY-COUNTY Library District Application, for FY16 State Aid Grant

Date: _____ Fiscal Year of this report: From: _____ 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	County served:	
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:		
9	TOTAL ASSESSED VALUATION of Library District for the last full fiscal year:	\$
10	Library tax rate on December 31, 1946, OR on date of library's establishment (if after 1946)	\$
11	Current allowable library tax rate as approved by voters. Date of vote: _____	\$
12	Library tax rate suggested by State Auditor's Office for compliance with Hancock Amendment during fiscal year of this report:	\$
13	ACTUAL library tax rate levied (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 amount <u>COLLECTED</u> on assessed valuation and include delinquent and intangible taxes)	\$

