

MISSOURI STATE LIBRARY
VOTED-TAX Municipal Library Application, for FY16 State Aid Grant

Date: _____ City: _____

Fiscal Year of this report: From _____ to _____

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	County/counties within 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 CITY or 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 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.	\$
15	If Line 13 is less than 10¢, or less than the amount reported on Line 10 or Line 2, state the reason for the reduction: _____ Reduction due to Hancock rollback _____ Voluntary reduction determined by Library Board _____ Other (please state):	

16	<p>CERTIFICATION (by Certifying Official) I certify that the information I have reported above is true and correct.</p> <hr/> Name and Title of City Official providing information (please type)
	<hr/> Signature of Certifying Official providing information Telephone number

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