

MISSOURI STATE LIBRARY

Application # 6, COUNTY or CITY-COUNTY Library District, for FY12 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 State Aid funds received during fiscal year of this report: \$		
	DO NOT include Equalization or Athlete & Entertainer tax funds received.		
8	How were these funds expended?		
	Library Collection Operations	Personnel Other, please describe:	Equipment Programs
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	Maximum allowable library tax rate as approved by voters		\$
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 12, state the reason for the reduction:		
	Reduction due to Hancock rollback	Voluntary reduction determined by Library Board	
	Other (please state):		
16	CERTIFICATION (by County Official) I certify that the information I have reported above is true and correct.		
	_____ Name and Title of City or County Official providing information (please type)		
	_____ Signature of City or County Official providing information	_____ Telephone number	

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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 _____, 2011

My commission expires _____ County: _____

Notary Public

DEADLINE: Applications must be signed, notarized, and postmarked on or before June 30, 2011, 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**