

**Library of Michigan LSTA Grant Program**  
**Intent to File an Application – Due Last Business Day of October**

**A. APPLICANT INFORMATION**

Applicant Library Name:

Type of Library:  Public  School  Academic  Special  Multi-type  Cooperative

Web site:

Address (Street, City, State, Zip Code and County):

Director:

Email:

Phone:

Fax:

Grant Administrator:

Email:

Phone:

Fax:

Eligibility Checklist: (Check all that apply)

- Have one or more paid library staff
- Have a regular schedule of library service
- Have a dedicated facility for library purposes
- Have an annual budget with funds reserved for library materials and services
- Have a record of multi-type library cooperation
- If a "public library," be "lawfully established" for purposes of the State Aid to Public Libraries Act and meet all eligibility requirements for receiving state aid.
- Non-profit association or organization that is committed to resource sharing and/or the advancement of statewide library services.

**B. PROJECT OVERVIEW**

(Attach a brief overview of the proposed project of a few paragraphs. Use no more than one page.)

Project Title:

Estimated LSTA Funds Requested: \$

Estimated Local Match (not required): \$

Grant Period:  One Year  Two Year  Three Year

**C. AUTHORIZED SIGNATURE**

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**Library Director Name**

**Signature**

**Date**

Submit to the Library of Michigan via fax (517-373-5700), email at [reishk@michigan.gov](mailto:reishk@michigan.gov) or mail to the Library of Michigan, LSTA Program, PO Box 30007, Lansing, MI 48909-7507