

Friends of Kansas Libraries Challenge Grant Application



Applicant may attach documentation not to exceed three pages in support of application to demonstrate compliance with grant award criteria. Requirements: Current member of FoKL Has not received a FoKL Challenge Grant in the previous 3 years Has provided an e-mail address for notification of the award.

Mail or fax completed application by April 1, 2017 to:

Friends of Kansas Libraries
c/o Northeast Kansas Library System
4317 W. 6th St., Lawrence, KS 66049
Fax: 785-838-3989

Please type or print clearly, limiting your response to the space provided.

Identifying your organization and project:

1. Name of your organization _____

2. Contact person _____

Position or title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Year Friends Group was organized _____

Library System _____

3. Beginning and ending dates of project _____

Name of person responsible for financial reporting _____

Position or title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please include as much information as possible, attach additional pages if needed. when answering the following questions.

4. What are the goals of your project?

5. What specific activities or actions will this grant support?

6. Project budget — indicate funds contributed by Friends Group and amount requested from FoKL:

7. Grant amount requested of Friends of Kansas Libraries: \$ _____

(This amount should not exceed 50 percent of total project cost)

Certification

I certify that the information contained herein is correct to the best of my knowledge and do make application for funds under the terms and conditions stated. I also agree to complete the report form and return it no later than February 1, 2018.

Signature of person preparing application

Typed or printed name of above person

Title of above person

Date