

FOSCL GRANT APPLICATION

APPLICANT INFORMATION

Group/Library Name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

Website:

Current Member of FOSCL: YES NO

NAME AND CONTACT INFORMATION OF PERSON(S) SUBMITTING GRANT

Name and Position:

Email:

Phone:

Name and Position:

Email:

Phone:

FRIENDS GROUP DEMOGRAPHICS (AS OF END OF PRIOR YEAR)

Number of Members:

Years in Existence:

Budget or Prior Year Expenditures:

Year:

GRANT PROPOSAL

Projected Date of Project Completion:

FUNDING

FOSCL Grant Funds:

Other Funds:

Total Budget for Grant Proposal:

SIGNATURES

Signature of Friends Group President:

Date:

Signature of Library System Director: