

**ALABAMA PUBLIC LIBRARY SERVICE  
FY 2018 STATE AID**

**APPLICATION INSTRUCTIONS FOR  
SYSTEM MEMBER LIBRARIES &  
INDEPENDENT PUBLIC LIBRARIES  
Due 10/1/2017**

Please complete the enclosed application form, check for accuracy and have the form signed by the Board Chair and the Library Director. The form must be returned to APLS, **Attention: Stephanie Taylor**, as soon as possible. State Aid cannot be issued until all necessary forms are received.

The APLS Administrative Code, Rule 520-2-2-.04, **Fiscal Requirements**, states that:

- (1) A public library must have a current budget, and the participants of a public library system must have a cumulative total current budget, based on locally-appropriated non-capital funds, of **not less** than the amount of state aid for which the library or system is eligible **nor less** than the previous year's budget. Locally appropriated non-capital funds may include a combination of municipal or county funds appropriated to the library or system budget and in-kind funds expended directly by local governments for public library services.
- (a) If locally appropriated funds received are not sufficient to match for state aid and/or if the locally appropriated funds received are reduced from the previous year, the amount of state aid for the current fiscal year will be reduced by an amount equal to the difference between the current locally appropriated funds received and the average of the locally appropriated funds received for the previous two (2) fiscal years.

Should a review indicate that your library might fail to meet the requirements, you may **request special consideration** by completing an appeal form found on the APLS website (see APLS Administrative Code, 520-2-2-.07, **Appeal Process**).

**ALABAMA PUBLIC LIBRARY SERVICE  
FY 2018 STATE AID APPLICATION**

**APPLICATION FOR SYSTEM MEMBER LIBRARIES & INDEPENDENT PUBLIC LIBRARIES**

**--- FINANCIAL SUMMARY ---**

1. **Name of Library:** \_\_\_\_\_

2. **FY 2018 SUMMARY BUDGET FOR STATE AID**

For each line item below, enter the **total** of the **anticipated** state aid expenditures of the individual public library. The amount entered for **personnel may not exceed 50% total state aid** to be received.

**ANTICIPATED STATE AID EXPENDITURES FY 2018**

MATERIALS TOTAL: \_\_\_\_\_

EQUIPMENT TOTAL: \_\_\_\_\_

PERSONNEL TOTAL: \_\_\_\_\_

LIBRARY OPERATIONS TOTAL: \_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

(The grand total, as noted above, **must equal** the total anticipated State Aid to be received from APLS in FY 2018. The state aid anticipated is noted on the AGREEMENT received with this document.)

3. **SUMMARY LOCALLY-APPROPRIATED NON-CAPITAL FUNDS**

FY 2018 Appropriation	FY 2017 Actual Total	FY 2016 Actual Total
--------------------------	-------------------------	-------------------------

**GRAND TOTALS** \_\_\_\_\_

(Enter as grand totals the sums of the **local** appropriations. Libraries **MUST** have a LOCAL budget/appropriation for FY 2018.)

**4. NARRATIVE (USE OF STATE AID):** Please explain how the anticipated State Aid expenditures (in question #2 above) will benefit the library and its community. (Refer to the library’s goals and objectives as projected and described in the library’s **Long-Range Plan** on file at APLS.) Use this space or attach page.

**REQUIRED DOCUMENTATION TO BE ON FILE WITH APLS**  
**(Check below if APLS has the library’s most current copies)**

If required documents are not on file, library will not be eligible for State Aid.

\_\_\_\_\_ Current Long Range Plans

\_\_\_\_\_ Current By-Laws

\_\_\_\_\_ Current Board Members, names and addresses

\_\_\_\_\_ Previous year’s Statement of Financial Responsibility (for FY 2016)

\_\_\_\_\_ Previous year’s Annual Statistical Report

\_\_\_\_\_ Documentation for newly formed libraries

\_\_\_\_\_ Current disaster plan

By signing this document you certify that the recorded information is true and that you have read, understand, and are abiding by the Alabama Public Library Service Library Development Division Administrative Code Chapter 520-2-2 Supplemental State Aid to Public Libraries.

\_\_\_\_\_  
**Signature of Library Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Library Board Chair**

\_\_\_\_\_  
**Date**

All sections must be completed and correct or paperwork will be returned to the library.