

Library Enhancement Grant Request 2018-19

Date: _____ Library _____

Class size I II III IV VI (circle)

Projected cost: _____

Projected completion date _____

Outline of request: Please indicate how the funds available to your library will be used and how it will enhance the service received by your users.

In order to receive the funds allotted to your library please submit an invoice to Northland along with receipts (copies are okay). If your situation varies from this please contact me (rmendel@northland.lib.mi.us) to discuss any unusual circumstances.

Library Director signature _____

Approved _____

To: Northland Library Cooperative
c/o 111 E. Parson St. Alpena, MI 49707

From: _____Library

Address_____

Phone_____

Item	Quantity	Amount Paid	Amount Requested
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Total amount requested \$

Approved_____Post to Acct#_____