

## **Friends of Kentucky Public Libraries Inc. /Kentucky Sister Library Project**

### **Grant Application Criteria**

1. **The purpose of this reimbursable grant is to build sister library relationships. This money may be used for travel, speakers, program supplies, etc. No money may be spent on food.**
2. **The grant shall be awarded at the Kentucky Public Libraries Association (KPLA) Spring Conference.**
3. **At least one of the sister libraries in a partnership must have a Friends chapter that is a current member of the Friends of Kentucky Libraries. Inc. or at least one of the sister libraries Board of Trustees must be a member of the Friends of Kentucky Libraries Inc.**
4. **A library may apply for a grant one time during a calendar year.**
5. **All grant applications shall be made in writing and include an estimate of the total amount of money needed. Grant application narratives shall be limited to one page that explains the proposed use of the grant funds and how it relates to the goals and objectives of the project. A budget shall be attached. While the Friends of Kentucky Libraries Inc. imposes no restrictions on how much money an individual may spend on travel, each is encouraged to follow the amounts allowed a Kentucky state employee.**
6. **Grant applications must be submitted to the Friends of Kentucky Public Libraries Inc. by March 25, 2016.**
7. **Each grant recipient shall spend the money within 12 months of award.**
8. **Each grant recipient shall file a report within 30 days after the money is spent. The report shall be no more than two pages detailing what was done with the money and what was achieved. Receipts shall be attached. Recipients are also encouraged to supply digital photographs and/or videos that can be shared with FKL members on its website.**
9. **The Friends of Kentucky Libraries Inc. will award one grant per year for \$400.00.**

Updated January 21, 2016

FRIENDS OF KENTUCKY LIBRARIES INC.

GRANT APPLICATION FOR KENTUCKY SISTER LIBRARY PROJECT

FIRST LIBRARY'S CONTACT INFORMATION

Name of Library

\_\_\_\_\_

Name of Library

Director

\_\_\_\_\_

Address of Library

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Telephone

Email

\_\_\_\_\_

Name of Board

\_\_\_\_\_

President of Board

\_\_\_\_\_

Address of Board President

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Telephone

Email

\_\_\_\_\_

Name of Friends

Chapter

\_\_\_\_\_

President of Friends  
Chapter \_\_\_\_\_  
Address of Chapter \_\_\_\_\_  
President \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

After completion, please mail the entire grant application to Friends of  
Kentucky Libraries, P.O. Box  
537, Frankfort, Kentucky 40602.

FRIENDS OF KENTUCKY LIBRARIES INC.

GRANT APPLICATION FOR KENTUCKY SISTER LIBRARY PROJECT

SECOND LIBRARY'S CONTACT INFORMATION

Name of Library

\_\_\_\_\_

Name of Library

Director

\_\_\_\_\_

Address of Library

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Telephone

Email

\_\_\_\_\_

Name of Board

\_\_\_\_\_

President of Board

\_\_\_\_\_

Address of Board President

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Telephone

Email

\_\_\_\_\_

Name of Friends

Chapter

\_\_\_\_\_

President of Friends  
Chapter\_\_\_\_\_

Address of Chapter  
President\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Telephone\_\_\_\_\_Email\_\_\_\_\_

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