

* LSTA GRANT APPLICATION *

BASIC INFORMATION

Element 1

APPLICANT INFORMATION

Name

Mailing Address

City

State

Zip Code

County

Applicant's Website

Library Type

U.S. Congressional District(s)

Other Library Type

FEIN

Vendor Number

AUN

Free and Reduced Lunch %

Project
Coordinator

Title

Phone Number

Fax Number

E-Mail Address

This original signature certifies that, as the duly authorized representative of the applicant, I have read and support this LSTA Grant Application and hereby certify that the applicant will comply.

Signature _____

Date

Name

Mailing Address

Title

City

State

Zip Code

PROJECT INFORMATION

Project Title

Federal Library Services & Technology Act (LSTA) Purpose

Select from drop-down menu.

Pennsylvania's FY 2015/16 LSTA Goals

Select One.

Facilitate statewide expansion of electronic and physical linkages to improve resource delivery

Create opportunities for libraries to enhance their capacity to provide 21st Century resources, services and programs to their communities

Preserve unique collections and prepare libraries for disaster recovery

Primary Project Intent

Select One.

ACCESS TO INFORMATION – Improve users’ ability to discover information or obtain information resources

CIVIC ENGAGEMENT – Improve users’ ability to engage in their communities or participate in community conversations around topics of concern

EMPLOYMENT & BUSINESS DEVELOPMENT – Improve users’ ability to apply information that furthers the status of their jobs and/or businesses

HUMAN SERVICES – Improve users’ ability to apply information that furthers their personal, family or household circumstances, including household finances, health and wellness, or parenting and family skills

INSTITUTIONAL CAPACITY – Add, improve or update a library function or operation in order to enhance its effectiveness. This includes enhancement and education of the library workforce

LIFELONG LEARNING – Improve users’ knowledge or abilities beyond basic access to information. This includes formal education of participants or improvement of general knowledge and skills

Target Audience for Project

Select all that apply.

Community Description	Statewide	Ages	All Ages	Situation	Ethnic or racial minority populations
	Rural		Preschool		Families
	Suburban		Children		Immigrants/refugees
	Urban		Teens &/or Young Adults		Intergenerational groups (excluding families)
			Adults		Library staff, volunteers and/or trustees
			Senior Citizens		Low income
					People with disabilities
					People with limited functional literacy or informational skills
					Unemployed

PROJECT BACKGROUND AND SUMMARY

Element 2

Describe how this project was identified as a need, how it relates to your strategic plan, and what will be accomplished if this project is implemented. This section should relate to activities in the timeline (*Element 5*) and include statistical information to support the project. **Limit to this page.**

PLANNING AND EVALUATION

Element 3

Please be specific, clear and complete with your answers in each area.

Project Purpose – Short statement which answers the questions: What do we do? For whom? For what expected benefit?

Project Activities/Methods – How will the project be carried out? Include major activities from the timeline

Anticipated Project Outputs – Measures of service or products provided. *Please see the LSTA Instruction Guide for examples.*

Anticipated Project Outcome(s) – what change is expected in the target audiences skills, knowledge, behavior, attitude, and status or life condition? How will you measure these outcomes? *Please see the LSTA Instruction Guide for examples.*

Complete the following sentence. This project will be successful if...

Column A	Column B	Column C	Column D	Column E
Budget Category	LSTA	Cash Match	In-Kind	Total (B+C+D = E)
Salaries/Wages/Benefits				
Subtotal				
Explanation:				
Consulting Fees				
Subtotal				
Explanation:				
Travel (at state rates)				
Subtotal				
Explanation:				

BUDGET & FUNDING
Element 5

LSTA Funds Requested

Cash Match

In-Kind

Total Project Cost

Future Funding

Briefly describe how this project will be financially supported in the future.

ATTACHMENTS

Element 6

If you have additional resources that support your grant, please attach to this page

- i. In the menu bar at the top, select “Comment”.
- ii. Under "Annotations"; Click the Paperclip icon to attach a file.
Note: Your cursor will turn into a push-pin icon.
- iii. Click in the “Attachment 1” box (multiple boxes provided for additional attachments).
- iv. Browse to and select your first scanned attachment.
- v. In the “File Attachment Properties” window, click the “Paperclip” icon, then click “OK”.
Note: A paperclip icon will appear to signify that the file has been attached. You may click on the paperclip icon to open the attachment to view.
- vi. Repeat steps i. through v. above for each additional resource.

Attachment 1

Attachment 2

Attachment 3

Attachment 4

Attachment 5

Attachment 6

Attachment 7

Attachment 8

Attachment 9

Attachment 10

Attachment 11

Attachment 12

Attachment 13

Attachment 14

Attachment 15

INTERNET SAFETY CERTIFICATION FOR APPLICANT PUBLIC LIBRARIES PUBLIC ELEMENTARY AND SECONDARY SCHOOL LIBRARIES, and CONSORTIA WITH PUBLIC AND/OR PUBLIC SCHOOL LIBRARIES

As the duly authorized representative of the applicant library, I hereby certify that the library is (*check only **one** of the following boxes*)

A. CIPA Compliant (*The applicant library has complied with the requirements of 20 U.S.C. § 9134(f)(1) et seq.*)

OR

B. The CIPA requirements do not apply because no funds made available under the LSTA program are being used to purchase computers to access the Internet, or to pay for direct costs associated with accessing the Internet.

Signature of Authorized Representative

Printed Name of Authorized Representative

Title of Authorized Representative

Date

Name of Applicant Library/Program

OMB No. 3137-0071; Expiration Date: 9/30/2015