

State Library of North Carolina
2017-2018 LSTA Online Signature Page

Print this page, obtain the required signatures in blue ink, and upload it with the application by
2:00 PM on February 24, 2017.

LSTA Goal: _____ Grant Type: _____
Institution/Library: _____
Mailing Address: _____
City: _____ Zip Code: _____

Library Director, Name: _____
Phone: _____ Email: _____

Project Manager, Name: _____
Phone: _____ Email: _____

Indirect Cost: _____

LSTA Funds Requested this year: \$ _____
Matching Funds: \$ _____
Project Total this year: \$ _____

Project Abstract:

SAMPLE

Certification and Signatures (please sign in blue ink)

We are aware of and agree to comply with all state and federal provisions and assurances required under this grant program. If awarded grant funds, we assure that we will carry out the grant project according to the approved grant application. This application has been authorized by the appropriate authorities of my institution/library.

Printed name of library director

Printed name of local government or institutional authorizing official

Signature of library director

Signature of above official

Date

Date