LSTA PARTNER STATEMENT

Complete one form for each partner.

1. Library Name

2. Grant Category

3. Partner Organization

(name, address, phone)

4. Partner Contribution

This may be a cash amount or in-kind contribution such as donated personnel, training space, transportation, supplies, materials, printing, or other items to be used in implementing the project. Specify the expected quantity, frequency, etc. such as “the partner will provide an instructor for 2 one hour classes each month, totaling 20 classes over 10 months.”

5. Partner Roles/Responsibilities

The undersigned partner organization agrees to carry out the activities described in numbers 4 and 5 above.

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|  |
| Name and Title of Partner Organization Representative |
|  |
| Signature of Partner Organization Representative |
|  |
| Date |