

# STATE AID FORM A | FY 2023-2024

## FORM A Instructions

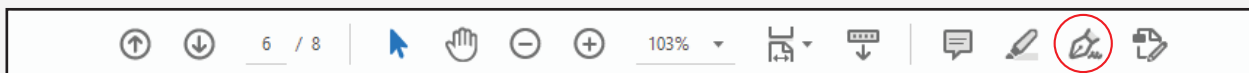
Submit one form to be signed for each funding entity.

The amount of the local government appropriation for FY2023-24 needs to be listed along with the date the budget was adopted by the County Commissioners or City Council. **Do not** include State Aid or capital outlay in these amounts. Only monetary contributions should be listed on this form.

The certification statement on this form requires the signature of the County or City Manager, not the County or City Finance Officer or Library Director.

## How Do I Sign?

If you don't have a Digital Signature Identity set up, you can simply sign the forms by selecting the icon to "Sign document by typing or drawing a signature":



OR Click the signature field to set up a Digital Signature Identity to sign.

## For Assistance:

Email our general administrative email at [sladmin@ncdcr.gov](mailto:sladmin@ncdcr.gov) with the subject line: State Aid.

*Note: A completed State Aid Application includes a copy of FORM A for all local funders, FORMS B to F, three (3) supplemental reports, and completion of the Public Library Survey. See **State Aid Submission Instructions & Checklist** for detailed submission requirements.*

# FORM A

## Local Funder Maintenance Of Effort Report & Declaration | FY 2023-2024

Submit one form for each city / county local funder

The \_\_\_\_\_  
Name of Library

*will maintain its local governmental support in order to receive State Aid funds in accordance with North Carolina Administrative Code, Chapter 7, Subchapter 2I, Section .0200.*

List TOTAL county or city appropriations (excluding State Aid, programs federally funded such as E-rate and LSTA, one time expenditures, and capital outlay) budgeted and available for expenditure FY 2023-2024:

**TOTAL (\$)** \_\_\_\_\_  
*Enter numbers only. 25000 becomes \$25,000*

Date the budget was approved by the Board of Commissioners / City Council:

\_\_\_\_\_

*I certify that the appropriation for FY 2023-2024 has been approved by*

\_\_\_\_\_  
Board of Commissioners / City Council Name

\_\_\_\_\_  
Name of County / City

*is supported by official records, and is available for expenditure by the library.*

\_\_\_\_\_  
County / City Manager Signature

\_\_\_\_\_  
Date

Please return this completed form to the requesting library and not the State Library.

**State Aid Deadline 9/15/2023**

Need help with this form? Contact [sladmin@ncdcr.gov](mailto:sladmin@ncdcr.gov)