

State Aid Checklist

Please email this checklist with your other State Aid documents with the boxes checked to show that your application for State Aid is complete.

Name of Library: _____

The following must be **completed and submitted to complete the State Aid application:**

Public Library Survey (Submitted by deadline through nc.countingopinions.com)

Application for State Aid to Public Libraries

Average Maintenance of Effort Form with total MOE amount

Maintenance of Effort and Declaration Form(s) from all local funders

Maintenance of Effort Worksheet

Assurance of Professional Salaries Funded with State Aid

Current Long-Range Plan

Bylaws for Library Board(s) of Trustees

Checklist

Submit application to sladmin@ncdcr.gov

Subject: State Aid

Deadline for Submission:

October 2, 2020



AVERAGE MAINTENANCE OF EFFORT REPORT AND DECLARATION

State Fiscal Year 2020 - 2021

(Submit **one** form only)

Please submit this average summary form for the library system **in addition** to the individual Maintenance of Effort forms from your local funding entities. This sheet shows the library system's average appropriation from **all** of its local funding sources from the last three years. Please place the **total** of all Maintenance of Effort forms for FY 2020-2021 in the FY 2020-2021 box.

In order to meet Maintenance of Effort, the total appropriation for FY 2020-2021 must equal or exceed the average figure of the last three fiscal years.

This summary form requires **only** the library director's signature.

The other Maintenance of Effort forms for each funding entity must be completed and signed as usual.

Name of Library

<p>AVERAGE</p> <p>County and/or City Appropriations Budgeted and Available for Expenditure</p> <p>FY 2017-2018 FY 2018-2019 FY 2019-2020</p> <p><i>(Excluding capital outlay and State Aid appropriations)</i></p> <p>\$ _____</p>	<p>TOTAL</p> <p>County and/or City Appropriations Budgeted and Available for Expenditure</p> <p>FY 2020-2021</p> <p><i>(Excluding capital outlay and State Aid appropriations)</i></p> <p>\$ _____</p>
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Signed: _____
Library Director

Date: _____

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Please retain original for your files.

Deadline for submission of
FY July 1, 2020- June 30, 2021
State Aid application

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LOCAL FUNDER MAINTENANCE OF EFFORT REPORT AND DECLARATION

State Fiscal Year 2020 - 2021

(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.

Budgeted and Available for Expenditure **FY 2020-2021**

TOTAL County or City Appropriations *(Excluding capital outlay and State Aid appropriations)*

Total \$ _____

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

Name of County / City

I certify that the appropriation for FY 2020-2021 has been approved by _____
Board of Commissioners / City Council

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

Signed: _____
County / City Manager

Date: _____

for: _____
County / City

Signed: _____
Library Director

Date: _____

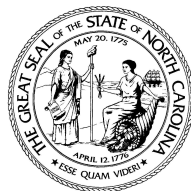
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MAINTENANCE OF EFFORT FOR MONETARY AND IN-KIND CONTRIBUTIONS
State Fiscal Year 2020 - 2021

The _____
Name of Library

Budgeted and Available for Expenditure FY 2020-2021 TOTAL County or City In-kind Contributions and Appropriations			
County / City	In-kind Contributions	Local Appropriations	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

The total for each line should reflect the amount declared on the Maintenance and Effort Report for each local funder. The final total of all contributions and allocations is the number submitted on the Average Report for the library.

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**ASSURANCE OF PROFESSIONAL LIBRARIANS
WHOSE SALARIES ARE FUNDED WITH STATE AID MONEY
State Fiscal Year 2020 - 2021**
(Submit **one** form only)

The _____
Name of Library

Choose one:

- () Does **not** pay any professional salaries from State Aid funds
- () Does pay the following salaries in whole or in part from State Aid funds

Signed: _____
Library Director Date

The following professional librarians* (minimum annual salary \$39,611**) will be paid in full or in part from State Aid funds:

Name: _____
Position: _____ Salary: _____

Name: _____
Position: _____ Salary: _____

Name: _____
Position: _____ Salary: _____

* Professional librarians have received a Masters Degree in Library and Information Science.

** Pay salaries for professional positions funded from the Aid to Public Libraries Fund at least at the minimum rate of a salary grade of GN10 as established by the Office of State Personnel. *Administrative Code, Title 7, Subchapter 2I, Section .0201, Rule 7.*

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