

# STATE AID FORM A | FY 2024-2025

## FORM A Instructions

Submit one form to be signed for each funding entity.

The amount of the local government appropriation for FY2024-25 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. **Do not** include in-kind contributions.

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 clicking "E-Sign" on the Adobe Acrobat toolbar.



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

## For Assistance:

Email our general administrative email at [sladmin@dn-cr.nc.gov](mailto:sladmin@dn-cr.nc.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 2024-2025

Submit one form for each city / county local funder. Round reported numbers to the nearest whole dollar.

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 2024-2025:

**TOTAL (\$)** \_\_\_\_\_  
*Enter whole 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 2024-2025 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 9/16/2024**

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