

STATE AID FORMS B to E | FY 2025-2026

This Interactive PDF self-calculates and requires Adobe Acrobat DC Reader on a desktop or laptop computer. Download Adobe Acrobat Reader DC for free here: <https://get.adobe.com/reader>

If assistance is needed, email our general administrative email at slnc.ld@dncr.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 I, three (3) supplemental reports, and completion of the Public Library Survey. See **State Aid Submission Instructions & Checklist** for detailed submission requirements.*

Enter Your Library's Name:

Enter Your Library's 3 Year Average MOE (*Average MOE can be found enclosed in the original email you received with a link to this document*).

\$

Enter whole numbers only. 25000 becomes \$25,000

State Aid Deadline 9/15/2025

STATE AID FORMS B to E Instructions | FY 2025-2026

FORM B Instructions

FORM B calculates total local support. In-kind contributions from local funders must be listed on the form, if relevant.

In-kind contributions are funds allocated by local governments, on behalf of a library, within the budget of a different department of the local government. All in-kind contributions must be itemized by funder and type and pre-approved by Library Development's State Aid Program Manager. Contact the State Aid Program Manager for examples of in-kind contributions.

The total for each line should match the total on the corresponding **FORM A**, Local Funder Maintenance Of Effort Report & Declaration form.

[Go to Form B](#) →

FORM C Instructions

A three-year rolling average is used to determine your library's average MOE (Maintenance of Effort). Your FY 2025-26 library MOE is compared with your 3-year rolling MOE average to determine final State Aid payments. The printed name of the Library Director on this form certifies the accuracy of the provided information. The Library Director's signature will be required on Form E.

In the box on the right-hand side of the form, the total of all FY 2025-26 local appropriations for your library is calculated from your entries on FORM B.

[Go to Form C](#) →

FORM D Instructions

Check the appropriate box to indicate whether or not you pay any professional salaries in part or in whole with State Aid funds. If you do pay professional salaries with State Aid funds, list names, titles, and professional salaries. The printed name of the Library Director on this form certifies accuracy of the information. The Library Director's signature will be required on FORM E.

Please budget all fiscal year 2025-2026 salaries for professional positions to be paid in whole or in part with State Aid funds at no less than \$39,611. This figure is the minimum rate, effective July 1, 2019 for Grade GN-10 or its equivalent, as established by the Office of State Human Resources.

The State Aid Eligibility rule states:

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, or equivalent, as established by the Office of State Human Resources. 07 NCAC 021 .0201(7).

[Go to Form D](#) →

FORM E Instructions

By signing FORM E, the Library Director certifies the accuracy of all information on forms A through D.

[Go to Form E](#) →

Name of Library

**Total County or City In-Kind Contributions and Appropriations
Budgeted and Available for Expenditure FY 2025-2026**

Enter whole numbers only. 25000 becomes \$25,000

County / City	In-Kind Contributions	Local Appropriations	TOTAL
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Page Total	\$	\$	\$

FORM C**Average Maintenance of Effort
Report & Declaration | FY 2025-2026**

Name of Library

The **Grand Total** is calculated based on your FORM B table entries. The **Average** indicates the library system's average appropriation from all of its local funding sources from the last three fiscal years. Note that this number is pulled from your entry on the first page of this packet.

In order to meet Maintenance of Effort, the total appropriation for FY 2025-2026 must equal or exceed the average figure of the last three fiscal years. The printed name of the Library Director on this form certifies the accuracy of information. The Library Director's signature will be required on FORM E. [Click here to see additional instructions for this form.](#)

AVERAGE

County and / or City Appropriations Budgeted
and Available for Expenditure:

**FY 2022-2023, FY 2023-2024,
FY 2024-2025**

*(Excluding capital outlay and State Aid
appropriations)*

\$

GRAND TOTAL

County and / or City Appropriations
Budgeted and Available for Expenditure

FY 2025-2026

*(Excluding capital outlay and State Aid
appropriations)*

\$

Library Director printed name certifying accuracy of information

Date

State Aid Deadline 9/15/2025

Need help with this form? Contact slnc.ld@dn-cr.nc.gov

FORM D

Assurance of Professional Librarians Whose Salaries are Funded with State Money | FY 2025-2026

Check the appropriate box to indicate whether or not you pay any professional salaries in part or in whole with State Aid funds. If you do pay professional salaries with State Aid funds, list names, titles, and salary amounts. The printed name of the Library Director on this form certifies accuracy of information. The Library Director's signature will be required on FORM E. Click the **Add Page** button for additional fields. [Click here to see additional instructions.](#)

Name of Library

Does **not** pay any professional salaries from State Aid funds

Does pay the following professional salaries in whole or in part from State Aid funds

Library Director printed name certifying accuracy of information

Date

The following professional positions (minimum annual salary \$39,611*) will be paid in full or in part from State Aid funds. *Enter whole numbers only. 25000 becomes \$25,000.*

Name: _____

Position: _____

Salary: _____

Name: _____

Position: _____

Salary: _____

Name: _____

Position: _____

Salary: _____

* 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, or equivalent, as established by the Office of State Human Resources. Administrative Code, Title 7, Subchapter 2I, Section .0201, Rule 7.

State Aid Deadline 9/15/2025

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FORM E

Library Director State Aid Certification | FY 2025-2026

By signing Form E, the Library Director certifies the accuracy of all information on Forms A-D. ***Note: Sign this form ONLY after entire application is completed. Once signed, the application will lock and no additional information can be added. Contact slnc.ld@dncr.nc.gov with any issues.***

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.

Library Director Signature

Date

OFFICE USE ONLY
Application reviewed & accepted

Name

Date

State Aid Deadline 9/15/2025

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