

ASSIST · SUPPORT · EDUCATE

START-UP GRANT REQUEST FORM

Date	Amount of request	
Person making request		
Address	Phone	
Library to benefit		
Address	City	Zip
Library Director		
Phone	E-mail	
and a plan to accomplish t will make it successful and FoKL Policy:	hem, including a budget. If the grant i bring community support.	olanation of goals (e.g. attract members) is to revitalize your group, explain what
that occur when thGroups receiving gruse of grant funds	e group organizes. The maximum amo	eport to FoKL within one year describing
Person responsible for sub-	mitting the required report:	
Name (please print and sign	n)	
Address		
Approved by Library Board	Chair (please print and sign)	
Mail to: Friends of Kansas Libraries c/o NEKLS 4317 W. 6th Street		
Lawrence, KS 66049		

Email: friendsofkansaslibraries@gmail.com