

**JESSE WHITE • Secretary of State & State Librarian**  
Illinois State Library, Gwendolyn Brooks Building  
300 S. Second St., Springfield, IL 62701-1796

***WWW.CYBERDRIVEILLINOIS.COM***

**Illinois State Library  
FY2011 ILLINOIS PUBLIC LIBRARY PER CAPITA AND  
EQUALIZATION AID GRANTS APPLICATION**

**DUE DATE: OCTOBER 15, 2010**

This is a postmark due date. **Postmark legibility and proof of postal receipt are the applicant's responsibility. The Illinois State Library is neither responsible for, nor obligated to fund, grant applications postmarked past the deadline date that are incomplete or missing components.** The Illinois State Library is not obligated to fund grant applications that do not meet the requirements established by the Illinois State Library as indicated in the State of Illinois Administrative Code Rules Part 3035.115 and 3035.135.

This application form is made available electronically so libraries may complete the form online. After completing the required fields, the form must be printed, signed and returned to the Illinois State Library per the instructions in the Illinois Public Library Per Capita and Equalization Aid Grants Application. Other than supplying requested information, grant applicants may not alter the original form as issued by the Secretary of State/Illinois State Library. **Grant applications not submitted on the required forms by the deadline date, or not completed, shall not be considered for funding by the Illinois State Library.** The Illinois State Library is not obligated to fund grant applications from public libraries that have: delinquent grant reports, lapsed grant funds from any Illinois State Library administered grant program, and/or failed to submit a current IPLAR (Illinois Public Library Annual Report).

**ONE ORIGINAL** grant application with original signatures, **including the original County Clerk(s) signature(s) and seal(s)** with any supporting documentation, **AND ONE COPY, must be postmarked on or before October 15, 2010,** or hand delivered no later than 4:30 p.m. on October 15, 2010.

Mail or deliver application to: State Grants for Illinois Public Libraries  
Illinois State Library  
Gwendolyn Brooks Building - Room 410  
300 S. Second St.  
Springfield, IL 62701-1796

**Make TWO COPIES** of the original application and all supporting documentation. Submit the **ORIGINAL AND ONE COPY** to the Illinois State Library. **Retain ONE COPY** for the library's files.

**Jesse White, Secretary of State and State Librarian**

**Anne Craig, Illinois State Library Director**

**Illinois State Library**  
**APPLICATION FOR GRANTS AVAILABLE TO ILLINOIS PUBLIC LIBRARIES**  
**Application Statement**

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City

The Library Board understands that the State Librarian is empowered to make these grants, under the law, from funds appropriated by the Illinois General Assembly, and that if the monies appropriated for these grants are not sufficient, the State Librarian shall reduce the per capita amount of the grants so that the qualifying public libraries receive the same amount of per capita. The Board further affirms that in making the application for the grant or grants, it is acting at its sole discretion and is not applying as a result of pressure or duress from any outside agency, person or persons.

In making application for a grant or grants, the Library Board agrees to expend all the funds received for the purposes outlined in the application as approved by the Illinois State Library and defined by the Illinois Library System Act and corresponding Administrative Rules. The Library Board further affirms that all grant funds received as a result of this application shall be used for providing public library service to its community by supplementing the library's regular budget, and that it will not reduce, nor cause to have reduced, the library's levy in the current year or in the next year.

The Board further affirms that if the expenditure of the grant funds is contemplated, at any time, to be other than that stated in the grant application, that it will solicit and receive the consent of the Illinois State Library before approving such expenditures. Failure to spend funds as approved by the Illinois State Library and/or within the time frame allotted shall result in ineligibility for future grants for a period of one year. The Board further affirms that it has reviewed *Serving Our Public 2.0: Standards for Illinois Public Libraries, 2009 edition*, during the previous 12 months and that it has completed all requirements of this application. The Board agrees that the Illinois State Library or its designee shall have the right to examine any of the Board's records that directly relate to this grant.

The Illinois State Library is not obligated to fund grant applications that do not meet the requirements established by the Illinois State Library as indicated in the State of Illinois Administrative Code Rules Part 3035.115 and 3035.135. This application form has been made available electronically so that libraries may complete the form online. After completing the required fields, the form must be printed, signed and returned to the Illinois State Library per the instructions in the Illinois Public Library Per Capita and Equalization Aid Grants Application. Other than supplying requested information, grant applicants may not alter the original form as issued by the Secretary of State/Illinois State Library. Grant applications not submitted on the required forms by the deadline date, or not completed, shall not be considered for funding by the Illinois State Library. The Board affirms that the information contained in this application is, to the best of its knowledge and under penalty of perjury, correct.

Library

Date: \_\_\_\_\_, 2010

**\*\*\*DO NOT USE BLACK INK OR PENCIL FOR SIGNATURES\*\*\***

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____	_____
Signature - President, Board of Directors/Trustees	Name (type)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____	_____
Signature - Secretary, Board of Directors/Trustees	Name (type)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. _____	_____
Signature - Librarian	Name (type)

**Illinois State Library**  
**2011 ILLINOIS PUBLIC LIBRARY PER CAPITA AND**  
**EQUALIZATION AID GRANTS APPLICATION**

Pursuant to the provisions of the Illinois Compiled Statutes (ILCS), 75 ILCS 10/8 and 10/8.1, as amended, the undersigned PUBLIC LIBRARY hereby applies for the FY2011 Illinois Public Library Per Capita and Equalization Aid Grants to be used for library purposes.

City

1. Legal Name of Library: \_\_\_\_\_  
\*Any name changes made since October 16, 2009, due to conversion or other reasons should be reported here.

Former Name of Library: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Address P.O. Box  
\_\_\_\_\_ City Zip + Four

Primary County: \_\_\_\_\_

3. Name of Corporate Authority that levies the tax supporting the library: \_\_\_\_\_

4. Type of Library applying: (check one)  City  County  District  
 Town  Village  Township  Other \_\_\_\_\_

5. Beginning with the Primary County, list all Counties in the library's service area: \_\_\_\_\_  
\_\_\_\_\_

6. Date Library legally established: \_\_\_\_\_

7. Library System:  Alliance  Chicago Public  DuPage  Lewis & Clark  Lincoln Trail  
 Metropolitan  North Suburban  Prairie Area  Rolling Prairie  Shawnee

8. Federal Tax Identification Number (FEIN#): \_\_\_\_\_

9. The library is participating in the non-resident reciprocal borrowing program:  Yes  No

10. The library's non-resident fee for FY2011 is: \$ \_\_\_\_\_

11. The library uses the tax bill method to determine the non-resident fee:  Yes  No

12. \*Name and Title of Person preparing this application:  
\_\_\_\_\_  
Name Title

Library Telephone Number: \_\_\_\_\_

Library FAX Number: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_  
E-mail address of person preparing the application.

Main Library Hours: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**\*If this information changes within the next six months, please e-mail changes to [jurbanek@ilsos.net](mailto:jurbanek@ilsos.net).**

Library

13. Calculation of Per Capita Grant:

Population Served: \_\_\_\_\_

14. Calculation of Equalization Aid Grant: (Sections a, b, and c must be completed in order to apply for a Per Capita Grant, even if the library is not applying for an Equalization Aid Grant.)

a) Value of all taxable property within the library's service area as of January 1, 2010, or the most recent year available (the assessed valuation against which tax revenue was most recently levied) and as equalized by the Department of Revenue, Property Tax Administration Bureau

Must match "TOTAL" line from primary county's County Clerk's page ..... \$ \_\_\_\_\_

Must match "TOTAL" line from additional county's County Clerk's page ..... \$ \_\_\_\_\_

Must match "TOTAL" line from additional county's County Clerk's page ..... \$ \_\_\_\_\_

Must match "TOTAL" line from additional county's County Clerk's page ..... \$ \_\_\_\_\_

*a) = the sum of ALL county total lines*

TOTAL of combined said valuation for primary and/or additional counties: . \$ \_\_\_\_\_ a)

b) Said valuation multiplied by 0.0013 yields.....\$ \_\_\_\_\_ b)

c) Levy at 0.13% divided by population served yields per capita of.....\$ \_\_\_\_\_ c)

**Complete d) e) and f) ONLY if receiving an Equalization Aid Grant**

d) Population served multiplied by \$4.25 equals .....\$ \_\_\_\_\_ d)

e) Enter valuation multiplied by 0.0013 obtained in step b).....\$ \_\_\_\_\_ e)

f) Subtract e) from d) equals amount of equalization aid.....\$ \_\_\_\_\_ f)

15. Attachments and Certifications Check Off:

a) Has the library's legal service population changed from the previous year?  Yes  No

If yes, all changes in population must be documented, and that documentation must be included with this application. Documentation should include one of the following:

1. Any U.S. Census documentation (corrections, special census, special block census, etc.) that has been filed by October 15, 2010, with the Office of Secretary of State Index Department, **or**
2. For population changes, annexations or disconnects that are typically not documented by the U.S. Census, the library must include appropriate and substantial documentation. Examples include, but are not limited to: documentation from appropriate municipal corporate authorities, a library district's board of trustees, referenda questions and certified results, etc.

**Please check box** to indicate the library has included the required documentation with this application. Contact the Illinois State Library with any questions about what documentation should be included.

b) County Clerk Certification(s): **Please check box if** the library has attached the **original County Clerk(s) Page(s)**, with original signature(s) and seal(s), certifying the tax rate levied for library purposes on the equalized assessed valuation of all taxable property within the library's service area as of January 1, 2010.

c) In order to be eligible for either a Per Capita Grant or an Equalization Aid Grant, the corporate authorities, in lieu of a tax levy at a particular rate, may provide an amount equivalent to the amount to be produced by that levy (75 ILCS 10/8.1). **If the library is applying for a grant on that basis, attach documentation for the most recent year available. Please check if applicable.**

d) **Please check box** if the library's current IPLAR (Illinois Public Library Annual Report) is on file at the Illinois State Library.

e) Qualification for this grant requires the library to develop or update and attach a Technology Plan. This plan should include, but is not limited to: an assessment of the library's hardware, software and telecommunications services; an evaluation process with clear goals and strategies, including a timeline, for the upgrade and replacement of computer-related equipment; and an Internet access policy. **Please check box** to indicate the library has included the required document with this application.

City

Library

## LEGAL COMPLIANCE

16. Between October 16, 2009, and October 14, 2010, the library board must review the library's bylaws as described in Chapter #1 "Core Standards 7" of *Serving Our Public 2.0: Standards for Illinois Public Libraries, 2009 edition*. **Provide the date(s) of review and in narrative format** describe the revisions, corrections or updates made as a result of this review.

## STANDARDS

17. **In narrative format** report on progress in meeting Chapter #3 "Personnel" of *Serving Our Public 2.0: Standards for Illinois Public Libraries, 2009 edition*.

## TRUSTEES

18. Using the table of contents of *Serving Our Public 2.0 Standards for Illinois Public Libraries, 2009 edition*, prioritize chapters with regard to the needs of the library. Between October 16, 2009, and October 14, 2010, the library must review those chapters most pertinent. As a result of this overview, identify up to five major impacts or changes that affect the library board, staff or library users.

City

Library

**LIBRARY’S ENVIRONMENTAL PROFILE**

19. Describe what the library has done to support “Going Green” at the library. Explain how the board and staff plan to make the library more environmentally friendly.

City

**PLANNED USE OF FY2011 GRANT MONIES**

20. Describe how the library plans to use FY2011 grant monies in order to meet standards in Serving Our Public 2.0: Standards for Illinois Public Libraries, 2009 edition. Use general categories in identifying actual planned expenditures. **Capital expenditures** (anything attached to the building’s interior or exterior including heating and air conditioning systems, is a capital expenditure) **will not be an approved use** of per capita funds. **Inappropriate expenditures include appliances such as refrigerators, stoves, microwaves, water fountains, etc.**

Library

For libraries that received and reported the use of FY2009 Per Capita Grant funds on last year's application, proceed to page 9 of the application.

For libraries that did not report any or all of the use of FY2009 Per Capita Grant funds on last year's application, the information below is required.

**FY2009 Per Capita Grant funds must be obligated by June 30, 2010, and expended by August 15, 2010.**

**EXPENDITURE OF FY2009 PER CAPITA GRANT**

21. Total FY2009 Per Capita Grant received: \$ \_\_\_\_\_  
 (Must be exact amount - do not round up or down)

List expenditures by general category. Total must be equal to or greater than the FY2009 Per Capita Grant.  
 Include per capita grant expenditures only; do not include entire library budget.  
**All expenditures listed here must be addressed in the budget explanation below.**

CATEGORY	FY09 AMOUNT
Children's Materials (including electronic resources) .....	\$ _____
Adult Materials (including electronic resources) .....	\$ _____
Programs .....	\$ _____
Personnel .....	\$ _____
Continuing Education .....	\$ _____
Supplies .....	\$ _____
Equipment .....	\$ _____
Electronic Access (include computer software and hardware) .....	\$ _____
Travel .....	\$ _____
Public Relations .....	\$ _____
Telecommunications .....	\$ _____
Contractual Services (please specify) _____	\$ _____
Other (please specify) _____	\$ _____
<b>TOTAL (must be equal to or greater than the FY2009 Per Capita Grant).....</b>	<b>\$ _____</b>

If a Per Capita Grant was received in FY2009, describe how the monies were used in the library's progress toward meeting the Illinois Public Library Standards adopted by the Illinois Library Association, *Serving Our Public 2.0: Standards for Illinois Public Libraries, 2009 edition*.

**All expenditures addressed here also must be represented above.**

City \_\_\_\_\_  
Library \_\_\_\_\_







# COUNTY CLERK PAGE

**ATTACHMENT TO BE USED BY COUNTY CLERK'S OFFICE AND INCLUDED WITH THE LIBRARY'S FY2011 APPLICATION**  
**ATTACH A SEPARATE FORM FOR EACH COUNTY WITHIN THE LIBRARY'S SERVICE AREA**

City

I, \_\_\_\_\_, Clerk of the County of \_\_\_\_\_,  
in the State of Illinois, and keeper of the records and files of said county, do hereby certify that the assessed value of  
all property as equalized by the Department of Revenue, Property Tax Administration Bureau, for the most recent  
year \_\_\_\_\_ available in \_\_\_\_\_ is:  
tax year Library Corporate entity

Real Estate: \$ \_\_\_\_\_  
Pollution Control: \$ \_\_\_\_\_  
Railroad Property: \$ \_\_\_\_\_  
All Other: \$ \_\_\_\_\_  
**\*TOTAL** \$ \_\_\_\_\_

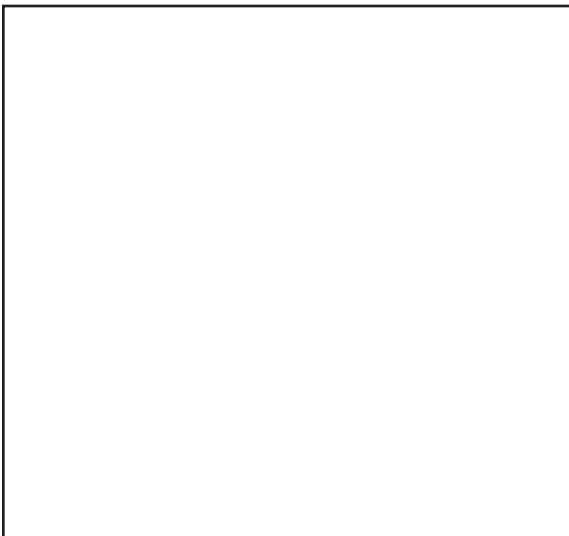
**\*USE THIS FIGURE TO ANSWER QUESTION 14 a) ON PAGE 3 OF THIS APPLICATION.**

All of which appears from the records and files in my office.

The \_\_\_\_\_ tax rate for \_\_\_\_\_ is \_\_\_\_\_  
Name of library Tax Year Tax Rate

This tax rate is below .13% because of the Property Tax Limitation Law:  Yes  No

Library



Affix County Seal in box above

I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL  
OF THE COUNTY OF \_\_\_\_\_, IN  
THE CITY OF \_\_\_\_\_, IN SAID COUNTY.

\_\_\_\_\_  
County Clerk's Signature Date

**THE COUNTY CLERK'S SIGNATURE AND THE COUNTY SEAL MUST BE ORIGINAL.**