

Grant Application Request/Notice



- ☐ New Competitive Grant Application
☒ New Non-competitive Grant Application
☐ Annual Renewal Grant Application (per BOS Reso # _____)
☐ Electronic Submission (ie. Grants.gov etc.)

Application Due Date: _____
 Department Name: Library
 Office 2: 581

GRANT BACKGROUND INFORMATION:

Contact information for Grantor:	Grant Amount:	Funding Type:	Funding Period:
Name: California State		<input type="checkbox"/> Federal:	From: _____
Library/NorthNet	\$_____ / year	CFDA # _____	To: _____
Address:	\$ <u>24,657</u> Total	<input checked="" type="checkbox"/> State	Is grant expected to renew?
		<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Phone: _____

Source(s) of matching funds:

Library Budget

Amount(s) of match:

\$79,227

In-Kind?

☐ Yes ☒ No
☐ Yes ☐ No
☐ Yes ☐ No

GRANT PROGRAM DESCRIPTION:

Describe the program to be funded through this grant (include who will be served and what services will be provided):

The NorthNet Library System negotiated a contract with Innovative Interfaces to implement LINK + at their member libraries. LINK + is a cooperative effort between libraries which allows patrons in one library system to access materials in the catalogue of other participating libraries. Participation in this agreement will thus provide Nevada County Community Library patrons with greater access to library materials not available directly through the NCCL catalogue.

GRANT FUNDING ANALYSIS:

Does funding include: ☐ Yes ☒ No **If applicable, what percentage?** _____ %

Administrative costs?

Describe limitations on allowable N/A

administrative costs:

Describe funding sustainability: Contract amount will be partially covered in the first two years by grant funds, the rest will be funded through the board approved Library budget

GRANT PROGRAM STAFFING:

	Job Title	% FTE	Temporary?	New hire?
What staff will be assigned to grant program?	Library Technician	1.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby approve submittal of this grant application per the authority granted by BOS Resolution 05-481.

Department Director's Signature: _____

Date: 10/31/19

CEOs Signature: [Signature]

Date: 11/1/19

Grant Application Log # (see CEO I Drive) A20581521

Dept provided complete copy of application to Auditor Controller on _____ (date) By: _____ (name)