

**State of Rhode Island: State Aid to Libraries
Request to Re-Allocate State Grant-in-Aid**

Full Library Name:

City/Town:

Library Code:

Type of Aid: Tax-Based

Endowment

State Fiscal Year:

The library named above requests to re-allocate its state grant-in-aid as follows:

Allocated	
Salaries	_____
Materials	_____
OSL Fees	_____
Increased Service Hours	_____
Other	_____
Describe Other	_____
Total	_____

Requested	
Salaries	_____
Materials	_____
OSL Fees	_____
Increased Service Hours	_____
Other	_____
Describe Other	_____
Total	_____

Explanation:

Library Director (Print Name):

Library Director Signature:

Date:

This re-allocation application is hereby approved by

Date:

**Chief of Library Services, OLIS
Rhode Island Office of Library & Information Services**