**Library of Rhode Island (LORI) Grant Program 2019 Application**

**Part 1: Applicant Information**

*Use the TAB key to move between fields.*

|  |  |
| --- | --- |
| **Library/Consortium Name** | Click here to enter text. |
| **DUNS #** | Click here to enter text. |
| **Director** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **City, Zip** | Click here to enter text. |
| **Website URL** | Click here to enter text. |
| **Project Director** | Click here to enter text. |
| **Project Director Title** | Click here to enter text. |
| **Project Director Email** | Click here to enter text. |
| **Project Director Phone** | Click here to enter text. |
| **Grant Project Title** | Click here to enter text. |
| **Project Time Span***Project must conclude, and all funds expended, by August 31, 2019.* | Click to enter start date.-Click to enter end date. |
| **Total Grant Request** | $ Click here to enter amount. |
| **Cash Match** | $ Click here to enter amount. |
| **Project Fiscal Agent (if any)** | Click here to enter text. |
| **Project Fiscal Agent Email** | Click here to enter text. |

The library or consortium named above certifies and assures that:

– It is a certified member of the Library of Rhode Island (LORI) network administered by the

Office of Library and Information Services.

– This proposal is submitted as described in Parts 1-6 of the LORI Grant Program Application.

Any additional costs for the project as described are understood to be the sole responsibility of the applicant. The library shall comply with all grant requirements, including deadlines and reporting, as described in LORI Grant Program 2019 documentation.

– All funds will be expended by August 31, 2019 and the final report will be delivered by

September 30, 2019.

Library / Consortium Director Date

**Part 1A: Project Partner**

*Submit one form per partner. Use the TAB Key to move between fields.*

|  |  |
| --- | --- |
| **Organization Name** | Click here to enter text. |
| **Organization Director** | Click here to enter text. |
| **Organization Contact and Title**(if different than director) | Click here to enter text. |
| **Organization Contact Email** | Click here to enter text. |
| **Organization Contact Phone** | Click here to enter text. |
| **Organization Web Site** | Click here to enter text. |
| **Partner Role**Briefly describe partner role.Partners who receive federal funds through the grant must be identified in the budget as either a contractor or sub-grantee. | Click here to enter text. |

*For the following sections, refer to the Application Instructions and Process.
For definitions of terms, see Appendix I.*

**Part 2: Project Overview**

*List the OLIS priority or priorities addressed.*

|  |
| --- |
|  |
| Click here to enter text. |
| Check to indicate Studio Rhode |[ ]

*Provide a brief synopsis of the project. (Maximum length: 100 words)*

Click here to enter text.

**Part 3: Project Purpose**

*Identify the need or challenge for your community, library, or consortium that the project will address, and who will benefit from the project.*

Click here to enter text.

**Part 4: Project Design**

*Describe the project’s design. Include information about goals, planned activities, resources needed, and timeline.*

Click here to enter text.

**Part 5: Evaluation Plan**

*Describe how the project’s success will be measured.*

Click here to enter text.

**6: Project Budget**

*Use the separate worksheet to enter budget items. Provide a brief narrative of the budget.*

Click here to enter text.