

**State Library of Iowa
Project Application**

1. Name of Applicant: _____

2. Mailing Address: _____

3. Name of Project Director: _____

4. Telephone: _____

5. Fax: _____

6. U.S. Congressional District 1 __ 2 __ 3 __ 4 __ 5 __

7. Library Service Area: _____

8. Title of Project: Building Consultant Grant

9. Name of Building Consultant Hired: _____

10. Estimated number of persons to be served by this project: _____

11. Description of work to be done by consultant: (Do not exceed space provided)

12. Anticipated funding:

LSTA Funds Requested

Local Cash

Total Project Cost - 100%

13. _____
Signature

Type/Print Name

Title

Date

**Complete this application and mail to:
East Central Library Services
222 3rd St. SE., Suite 402
Cedar Rapids, IA 52402**