

**State Library of Iowa
Library Utilization Consulting Grant Application**



1. Name of Applicant:

2. Mailing Address:

3. Name of Project Director:

4. Telephone:

5. E-mail:

8. Title of Project: Library Utilization Consulting Grant

9. Name of Consultant to be hired:

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

11. Brief description of work to be done by consultant:

12. Anticipated funding:

Funds Requested

Local Cash

Total Project Cost - 100%

Signature

Print Name

Title

Date

**Complete this application and mail to:
State Library of Iowa
Attn: Marie Harms
1112 E Grand Ave
Des Moines IA 50319
FAX: 515-281-6191**

Library Utilization Consulting DESCRIPTION:

14. Needs Statement: Why is necessary to hire a consultant for library utilization?

15. Project Objectives/Methods: what do you anticipate the consultant to accomplish? What methods and procedures do you anticipate the consultant will use to accomplish these objectives?

16. Evaluation: How will this consultant and his/her work for the library be evaluated?

How will results be measured?

What is anticipated outcome of the grant?

What is the anticipated impact to customer service?

17. ESTIMATED BUDGET

Library/organization:
Project Title: Library Utilization Consultant Grant

Please round all amounts to the nearest dollar.

A. Salaries and benefits (itemize all salaries and benefits)

_____	\$ _____
_____	\$ _____
Total Salaries	\$ _____

B. Contractual Services

_____	\$ _____
_____	\$ _____
Total Contractual Services	\$ _____

C. Library Materials and Supplies

_____	\$ _____
_____	\$ _____
Total Materials	\$ _____

D. Travel

_____	\$ _____
_____	\$ _____
Total Travel	\$ _____

E. Other (specify)

_____	\$ _____
_____	\$ _____
Total Other	\$ _____

F. Total A-E \$ _____



The Institute of Museum and Library Services support this program under the provisions of the Library Services and Technology Act as administered by Iowa Library Services/State Library of Iowa.