

Mid-Michigan Library League

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FY19 Library Service Expansion & Mini-Grant Program **Choice 2: Project cost support (up to \$1,000)** ***Application***

Please complete the requested information. You may apply only once during this grant period, choosing one of the two grant categories. Funds are reimbursed to the library, not to individuals.

Choice 2: Project cost support (up to \$1,000)

Name: _____

Library Affiliation: _____

Position Title: _____ Phone: _____

Email Address: _____

***Amount Requested: _____

1. **WHICH** applies to your project?

Automate library processes

Improve resource sharing

Purchase technology – software/hardware

Improve library service

2. **DESCRIBE** your project: _____

3. **WHAT** is the total cost? **HOW MUCH** are you asking us to cover, and for **WHAT** specifically? **HOW** will you cover the amount in excess of the funding request? _____

4. **WHEN** will funding be used? _____

5. **WHY** should we fund your application and **WHAT** impact will this project have on your community?

