

# Mid-Michigan Library League

---

Tel (231) 775-3037  
Fax (231) 775-1749

201 N. Mitchell Street, Suite 302  
Cadillac, MI 49601

[www.mml.org](http://www.mml.org)  
[smase@mml.org](mailto:smase@mml.org)



## ***Library Service Expansion & Mini-Grant Program Award Instructions for FY19***

**Congratulations!** Your application for funding in ROUND ONE of the FY19 MMLL Library Service Improvement & Mini Grant Program has been selected for funding!

**What is next?** You may now proceed with your project, knowing that your receipts will be reimbursed by the Mid-Michigan Library League up to your project's funded amount. Save your paperwork so that you are able to verify that you have paid for the project for which you requested funding. **We will need to see zero balances on paid receipts.**

**How do you get the reimbursement check?** Please use the simple reimbursement form that is attached to these instructions. Send in your reimbursement form, signed by the library director, attaching all receipts for which you are requesting reimbursement. Mail or fax all materials to the Mid-Michigan Library League, 201 N. Mitchell St., Suite 302, Cadillac, MI 49601, fax: 231-775-1749.

**\*\*\*Note:** All activities must be complete and all requests for reimbursement must be received by **Tuesday September 3<sup>rd</sup> 2019** so that they may be paid out of FY19 funds.

**Questions?** Call Sheryl Mase at 231-775-3037 or email her at [smase@mml.org](mailto:smase@mml.org)

# Mid-Michigan Library League

Tel (231) 775-3037  
Fax (231) 775-1749

201 N. Mitchell Street, Suite 302  
Cadillac, MI 49601

[www.mml.org](http://www.mml.org)  
[smase@mml.org](mailto:smase@mml.org)



## ***Library Service Expansion & Mini-Grant Program Reimbursement Form, FY19***

Name: \_\_\_\_\_

Library Affiliation: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Name/Description: \_\_\_\_\_

Awarded Amount: \_\_\_\_\_

Requested Reimbursement Amount: \_\_\_\_\_

Remaining Grant Funds: \_\_\_\_\_

### Reimbursement Request Detail

Vendor: \_\_\_\_\_

Date of payment: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Detail of materials and/or services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Library Director: \_\_\_\_\_

**\*\*\*Please attach all relevant receipts to this form\*\*\***

**Send to:** Mid-Michigan Library League  
201 N. Mitchell St., Suite 302  
Cadillac, MI 49601  
Fax: 231-775-174