

Funding for Minnesota Book Awards Author Events APPLICATION FORM

Please complete this form, or generate your own form with the same information.

Applicant Organization:

Project Contact:

Address:

City, State, Zip:

Phone:

Email:

Website:

Please briefly address the following:

Projected total request for funding reimbursement (may not exceed \$500):

What is your library's service area or audience? If the organization is not a library, how is the organization associated with a library?

Have you previously received a funding reimbursement from our office for a Minnesota Book Awards author event? If so, please indicate the year(s) in which you received the reimbursement.

Briefly describe the event or program to be funded under the program:

Book Award winner(s) or finalist(s) to present at the program (*if unknown, state that it is TBD, and then list presenter(s) or type of author - mystery writer, young adult author, etc. - that you plan to schedule*):

Date, time, and location of the event or program (*approximate date if TBD*):

Describe the number of people and type of audience (seniors, teens, etc.) you expect to attend:

Briefly describe your plans to publicize and promote the event:

Budget: How do you expect to expend funds?

Author honoraria: \$ Author travel: \$ Author lodging/food: \$
Publicity (includes advertising, printing and postage): \$

A match is not required for this reimbursement funding. However, if you expect to have cash expenses beyond the grant amount, please list the entire projected cash expense for the project, and your other major source(s) of income for the project:

CERTIFICATION

We, the undersigned, certify that our organization supports the project as described in this application and that all information in the application is true and correct. Further, we resolve to carry out the project as it is described in the attached application, pledge to return the evaluation report within two weeks following the event (must be received by Tuesday, November 29, 2011), and abide by the other requirements stipulated in the application outline. Finally, our organization assumes all responsibility and liability for program(s) funded and implemented under this program.

Only one signature is required if the contact person is a governing person (director, board chair, lead administrator, etc.) of your organization. If not, signatures from both the contact person and a governing person of your organization are required.

Print name of contact person

Print name of governing person

Title of contact person

Title of governing person

Signature of contact person

Signature of governing person

Date signed

Date signed

PLEASE RETURN THIS SIGNED FORM TO:

By mail: Minnesota Book Awards, Author Program Funding Application, c/o The Friends of the Saint Paul Public Library, 325 Cedar Street, Suite 555, Saint Paul, MN 55101
By fax: 651-222-1988
By .pdf, Word document, or other electronic form (must include signature):
mnbookawards@thefriends.org