

Challenge Grant Application

Please provide all informat	ion requested and submit via 6	emaii.	
Group Name:			
Name of library or libraries	s the group supports:		
Friends Mailing Address:			
City:	County:		
Officers or Directors (pleas	se provide 3 contacts):		
Name:		Position:	
Email:		Phone:	
Name:		Position:	
Email:		Phone:	
Name:		Position:	
Email:		Phone:	

Required: Provide the following details in a narrative on a separate page:

Name of your Friends' Group

Name of the project or program

Describe how this project or program aligns with the mission and purpose of your Friends group

Describe how this project will benefit your Friends an	d/or your community
Details of the project or program and timeline for cor	npletion
Short description of planned expenditure(s). Estimate	ed cost in whole dollars.
Total Cost of Project	\$
Amount requested (maximum \$250) whole dollars	\$
If awarded, the FONCPL award check will be made ou Friends mailing address indicated above.	t to the Friends group and will be mailed to the
Certification	
I hereby certify that the information provided herein knowledge. On behalf of our Friends group, I agree to but no later than August 31st of the year following th considered a signature.	o provide proof of completion in a timely manner, the award. Completing the information below is
Name::	
Title: Date	::
Email completed application, project or program nar to: Director Billie Lawson at billie.lawson58@gmail.co	
Questions? Email billie.lawson58@gmail.com	