



F·R·I·E·N·D·S
OF NORTH CAROLINA PUBLIC LIBRARIES
Supporting Friends of the Library Statewide

Challenge Grant Application

Please provide all information requested and submit via email.

Group Name: _____

Name of library or libraries the group supports:

Friends Mailing Address:

City: _____ County: _____ Zip: _____

Officers or Directors (please 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 and/or your community

Details of the project or program and timeline for completion

Short description of planned expenditure(s). Estimated cost in whole dollars.

Total Cost of Project \$ _____

Amount requested (maximum \$1000) whole dollars \$ _____

If awarded, the FONCPL award check will be made out to the Friends group and will be mailed to the Friends mailing address indicated above.

Certification

I hereby certify that the information provided herein is correct and accurate to the best of my knowledge. On behalf of our Friends group, I agree to provide proof of completion in a timely manner, but no later than August 31st of the year following the award. Completing the information below is considered a signature.

Name: _____

Title: _____ Date: _____

Email completed application, project or program narrative, and cover letter by September 15th to:

Director Karen Schrader: karenschrader12@gmail.com

Questions? Email karenschrader12@gmail.com