STATE AID FORM A | FY 2025-2026

FORM A Instructions

Submit one form to be signed for each funding entity.

The amount of the local government appropriation for FY2025-26 needs to be listed along with the date the budget was adopted by the County Commissioners or City Council. **Do not** include State Aid or capital outlay in these amounts. Only monetary contributions should be listed on this form.

The certification statement on this form requires the signature of the County or City Manager, not the County or City Finance Officer or Library Director.

How Do I Sign?

If you don't have a Digital Signature Identity set up, you can simply sign the forms by clicking "E-Sign" on the Adobe Acrobat toolbar.



OR click the signature field to set up a Digital Signature Identity to sign.

For Assistance:

Email our general administrative email at slnc.ld@dncr.nc.gov with the subject line: State Aid.

Note: A completed State Aid Application includes a copy of FORM A for all local funders, FORMS B to I, three (3) supplemental reports, and completion of the Public Library Survey. See **State Aid Submission Instructions & Checklist** for detailed submission requirements.





Local Funder Maintenance Of Effort Report & Declaration | FY 2025-2026

 Na	ame of Library
will maintain its local governmental supp	ort in order to receive State Aid funds in accordand Code, Chapter 7, Subchapter 2I, Section .0200.
federally funded such as LSTA, one ti	ations (excluding State Aid, E-rate, programs me expenditures, and capital outlay) budgeted expenditure FY 2025-2026:
TOTAL (\$)	
Enter wh	nole numbers only. 25000 becomes \$25,000
Date the budget was approved by	the Board of Commissioners / City Council:
l certify that the appropriation	n for FY 2025-2026 has been approved by
Board of Commis	ssioners / City Council Name
Name	e of County / City
is supported by official records an	nd is available for expenditure by the library.
County / City Manager Signature	Date
	the requesting library and not the State Library.

