



## LSTA Grant Title Page

### Project Title

<b>Project Coordinator Contact Information</b>	
Coordinator Name	
Branch or Library Name	
Branch or Library Street Address	
City, State Zip Code	
Project Coordinator Phone number	
Project Coordinator Email Address	

**Project Coordinator Signature:**

<b>Fiscal Officer Contact Information</b>	
Fiscal Officer name	
Library Name	
Library Street Address	
City, State Zip Code	
Fiscal Officer Phone Number	
Fiscal Officer Email Address	

**Fiscal Officer Signature:**

**Chief Administering Official Signature:**

<b>US House District Number #</b>	<b>Ohio House District #</b>	<b>Ohio Senate District #</b>

<b>CIPA Compliance</b>	Mark One Choice Below
Local Public Library is in compliance with CIPA requirements	
This Project Does not require CIPA compliance	

<b>Local Match Funds</b>	Fiscal Officer Initials
We certify we are responsible for any costs over awarded grant amount.	

**Grant Initiative:** (ex. Open, COBAA, SLP, etc.)

**Grant request amount:**