AUTHORIZATION

STATE AID

Does Your Library Wish to Apply for State Support Should It Become Available? **Yes** ☐ **No** ☐

CERTIFICATION

I hereby certify that to the best of my knowledge the information contained in the Annual Report of Public Libraries - Application For State Support is true for

_____ **County for the fiscal year ending June 30, 2026**

_____ _____

President/Chair, Library Board **Date Signed**

Email signed form to:
sarah.french@ky.gov
OR
Send by certified mail to:
Sarah French, PhD
KDLA
P.O. Box 537
Frankfort, KY 40602