

# LOUISIANA LIBRARY ASSOCIATION: Disaster Relief Program Application for Financial Support

Name of Damaged Library: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Temporary Address (if applicable): \_\_\_\_\_

LLA (Louisiana Library Association) Member? Individual \_\_\_\_\_ Institution \_\_\_\_\_ No \_\_\_\_\_

Type of Library: Academic \_\_\_\_\_ Public \_\_\_\_\_ School \_\_\_\_\_ Special \_\_\_\_\_ Other \_\_\_\_\_

Governing Authority (name of university, public library system, school district, corporation, nonprofit agency, etc.):  
\_\_\_\_\_

Address: \_\_\_\_\_

Describe the extent of damage sustained, including what percentage of the collection/building this represents, the impact on library service, and state when the damage occurred.  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, please continue on a separate page and attach it to this form.)

Provide a brief summary of how the funds will be used. Describe the project, the number of people served, and the expected outcomes. Include a line item budget that estimates how funds will be allocated for the project.  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, please continue on a separate page and attach it to this form.)

Is your facility covered by insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe coverage

provided: \_\_\_\_\_  
\_\_\_\_\_

Is your facility receiving disaster relief from other source(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

If I receive funding, LLA may use my library's name in publicity efforts: Yes \_\_\_\_\_ No \_\_\_\_\_

If I receive funding, I agree to submit a report on how the money was spent and provide copies of receipts within six months after I receive the funding.

Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form and attachments (if additional space is needed) by

**December 15, 2007 to: LLA Office Disaster Relief Fund Application  
421 South 4th Street Eunice, LA 70535 Fax: 337-550-7846**