

## MINNESOTA ASSOCIATION OF LIBRARY FRIENDS

### APPLICATION FORM for a GOSS/NORDLEY START-UP GRANT

**Description:** The **Goss/Nordley Start-Up Grant**, named in honor of the co-founders of the Minnesota Association of Library Friends, provides grants to help defray the expenses associated with the creation of a new Friends group - OR incorporating an existing Friends of the Library group. Grants of up to \$1,000 are available, depending upon the group's anticipated or current number of members, its annual revenue, and expenses involved.

Grant funds may be used to pay for IRS 501(c)(3) applications, Minnesota Secretary of State filing fees, postage, printing or event expenditures associated with initial membership solicitations.

**Eligibility:** Applicant must be attached to a public, K-12 school, college/university, or special library. Applicant must also be a current member of MALF. New members must submit their annual dues (\$35, see [mnllibraryfriends.org](http://mnllibraryfriends.org) for details) prior to or when applying. *Note:* Goss-Nordley funds cannot be used to cover the cost of current/future MALF dues. Grant applications are reviewed at each MALF quarterly board meeting.

**Requirements:** To apply for funding, answer the questions on this form and return it with a cover letter to: Minnesota Association of Library Friends, 2610 University Ave. W., Ste. 530, Saint Paul, MN, 55114. Cover letter should specify how the requested funds will be deployed. Awardees agree to spend grant funds for the agreed-upon purposes within one calendar year and to submit a written follow-up to MALF in a template provided by the grantor.

Sending an electronic copy to [info@mnllibraryfriends.org](mailto:info@mnllibraryfriends.org) is optional. A mailed copy with signature is required.

Application Date: \_\_\_\_\_ Amount Request: \_\_\_\_\_

Name of Existing Organization: \_\_\_\_\_

Or, Name of Future Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Library Director: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_