State of Rhode Island Department of Administration
Office of Library & Information Services
State Aid to Public Libraries: Request to Reallocate State Grant-in-Aid

Library Information

Code	Library's LORI delivery code (e.g., DSL).
Municipality	Name of city or town, not village name.
Type of Aid	Click in the box for the type of aid the library is requesting to reallocate.
Fiscal Year	Enter four-digit year (should be the current fiscal year).

Allocations

- Original Allocations column should contain the figures from the current fiscal year's Application for Tax-Based Grant-in-Aid or Application for Endowment-Based Grant-in-Aid, as applicable. Even if this is not the first Request to Reallocate Grant-in-Aid submitted in the fiscal year, the Original Allocations should match the figures on the relevant Application.
- After entering figures in Requested Allocations column, ensure that the Total matches for both columns.

Explanation

- Explanation needs to be entirely visible within the box. There is a limit of 580 characters.
- Reallocation requests are public documents. Do not include any personally identifiable information (e.g., detailed info on staff absences for specific reasons that could be traced to a specific individual).
- Include concise details: why funds were not expended as anticipated, what necessitated shifting funds to another category. Consider why funds were allocated the way they were initially and determine why more funds were needed in one category and less in the other. **Note**: If you regularly request reallocation of funds for similar reasons, consider allocating them differently in the future.
- Write in the third person. The best planned allocation of funds may sometimes go off track due to reasons outside your control; the director is not necessarily personally responsible for this happening. (e.g., "Funds were allocated for . . ." rather than "I allocated more to . . .")
- If more explanation is needed, please include that in an email with your request, but ensure that the explanation fully justifies the requested change.

Before Signing

Delete this instruction page before signing.

Library: _____ **Code**: _____

Municipality: _____

Type of Aid: **Tax-based** **Endowment-based**

Fiscal Year: _____

The library named above requests to reallocate its state grant-in-aid as follows:

Original Allocations			Requested Allocations	
Salaries			Salaries	
OSL Membership Fees			OSL Membership Fees	
Physical Materials			Physical Materials	
Electronic Materials			Electronic Materials	
Programming			Programming	
Other			Other	
Describe Other			Describe Other	
Total			**Total**	

Explanation:

_____
Library Director (name)

_____   _____
Library Director signature   **Date**

This reallocation application is hereby approved by:

_____   _____
Chief of Library Services   **Date**
RI Office of Library & Information Services

Last updated 07/09/2025