



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	
Materials		Materials	
OSL Membership Fees		OSL Membership Fees	
Electronic Materials & Resources		Electronic Materials & Resources	
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
RI Office of Library & Information Services

Date