



## Mississippi Library Commission FY2026 LSTA HOOPLA APPLICATION



This form must be completed using Adobe Reader.

By submitting this application you certify: **1)** You are authorized by the entity named below to act on its behalf regarding submission of this project **2)** You are authorized to make changes to this project if necessary **3)** You are the Library Director. **4)** You are requesting MLC to move awarded LSTA grant funds to MLC's HOOPLA account and apply the funds to increase the library system's monthly allotment.

### APPLICANT INFORMATION

Library/Library System	<input type="text"/>								
Address	<input type="text"/>	City	<input type="text"/>	Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	UEI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Library Director - First Name	<input type="text"/>	Library Director - Last Name	<input type="text"/>	E-Mail Address	<input type="text"/>				

### HOOPLA Funding Request

To provide additional monthly funding for HOOPLA for the library system. The library system's budget for FY2026 for HOOPLA will be increased by the requested amount, and the library system's LSTA Subgrant funding will be decreased by the same amount. The total amount will be divided by the number of total months remaining for FY2026 to establish the increased monthly allotment.

### PROJECT INFORMATION

**Goal:** Strengthen libraries by sharing resources  
**Project:** Shared Resources  
**Focal Area:** Information Access  
**Intent:** Improve users' ability to discover information resources

### FUNDING REQUEST

**LSTA Funds Requested:**

**CERTIFICATION - SUBGRANTEE:** I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

\_\_\_\_\_  
Signature of Library System Director

\_\_\_\_\_  
Date

This application must be submitted as an email attachment in .pdf format to: [grantsprog@mlc.lib.ms.us](mailto:grantsprog@mlc.lib.ms.us). To submit now, click the button below.

