

## Mississippi Library Commission FY2026 LSTA SUBGRANT APPLICATION



**Professional Development** 

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.

APPLICANT INFORMATION													
Library/Library System													
Address	City							Zip Code					
Phone Number	UEI												
Project Director - First Name Project Director - Last N	ame		E-Mail Address										
SUBGRANT	CATEG	ORY											
SKILLS DEVELOPMENT - To provide libraries, library affiliates, and individuals with opportunities to advance the delivery of library and information services through education of library staff and trustees.  Program: Professional Development  Purpose: Providing training and professional development, including continuing education, to enhance the skills of													
<b>Purpose:</b> Providing training and professional development, including continuing education, to enhance the skills of the current library workforce and leadership, and advance the delivery of library and information services.													
Primary Audience: Library staff and Public Library Trustees													
PROJECT INFORMATION													
Project Title (should be descriptive to project, i.e. Staff Training FY2026)	)	_											
Project Description													
<b>Activities</b> (by checking the boxes below, you agree to comply with these	project act	ivities)											
1. Assess training needs													
2. Develop a training plan consistent with program requirements and training needs													
3. Attend training events consistent with training plan and/or develop local training													
4. Request funds as needed													
5. Review financial information, assess project, and submit reports as required													
FUNDING REQUEST													
LSTA Funds Requested:													
CERTIFICATION - SUBGRANTEE: I certify to the best of true, complete, and accurate. I am aware that the provision of fa material fact, may subject me to criminal, civil, or administrative Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 37.  Signature of Library Systems	else, fictit re conseq 29-3730	ious, or uences and 380	fraudule including	nt info	ormati	on, o	r the o	omiss	ion of	any			
Date													

This application must be submitted as an email attachment in .pdf format to: <a href="mailto:grantsprog@mlc.lib.ms.us.">grantsprog@mlc.lib.ms.us.</a>. To submit now, click the button below.