

State Library of North Carolina

EZ Edge Technology Online Application

Print this page, obtain the required signatures in blue ink, scan the PDF and return it as an attachment to LSTA@ncdcr.gov by 11:59 p.m. on April 14, 2019.

Grant Category: EZ Edge Technology Grant

Institution/Library: _____

Mailing Address: _____

City: _____ Zip Code: _____

Library Director, Name: _____

Phone: _____ E-mail: _____

Project Manager, Name: _____

Phone: _____ E-mail: _____

Grant Amount Requested: \$ _____

The items the library will purchase are:

Certification and Signatures (please sign in blue ink)

We are aware of and agree to comply with all state and federal provisions and assurances required under this grant program. If awarded grant funds, we assure that we will carry out the grant project according to the approved grant application. This application has been authorized by the appropriate authorities of my institution/library.

Printed name of library director

Printed name of local government or institutional authorizing official

Signature of library director

Signature of above official

Date

Date