**2024 Youth Services Support Grant**

**Application**

Please answer the questions completely. Please review the Youth Services Grants Policies for ways in which your Library can use these funds.

**Application Deadline: Friday, March 15, 2024**

**Library:**  Click here to enter text.

**Recipient Name:**  Click here to enter text.

**Recipient Title:** Click here to enter text.

**Email:**  Click here to enter text.

**Please provide a short description of how you will use these funds and the costs involved:**

Click here to enter text.

**Amount Requested (not to exceed your allocated amount):** $ Click here to enter text.

**Name three ways these funds will directly benefit Youth Services Initiatives in your library:**

 **1.** Click here to enter text.

 **2.** Click here to enter text.

 **3.** Click here to enter text.

**Has this initiative been approved by your full board?**

**Yes\_\_\_\_ Date of approval:**

**No\_\_\_\_\_**

**By applying for this grant, I agree to complete a short evaluation at the end of 2024 in order to be eligible to apply for another grant in 2025.**

Yes [ ]  No [ ]