



**Idaho
Commission
for Libraries**

Idaho Let's Talk About It Project
Fall 2014–Winter/Spring 2015
Library Application



One copy of the application *and* a community partner letter of support are required. The application must be completely filled out and received at ICfL by 5:00 p.m.

MT **May 23, 2014**. Mail to Idaho Commission for Libraries, ATTN: Dian Scott, 325 W. State St., Boise, ID 83702 or fax to 208-334-4016. You may also e-mail the application and letter of support to dian.scott@libraries.idaho.gov. If you have questions about LTAI or the application process, please contact ICfL at 800-458-3271 (toll free) or 334-2150 (Boise area).

Library Information

Library Name _____

Mailing address _____ Street address [if different] _____

City _____ ZIP _____ Phone _____

Name of LTAI coordinator _____ Title _____

E-mail _____

Check here if you are applying to Let's Talk About It for the first time.

Community Partner Information

Name of community partner organization _____

Name of person representing partner organization _____

Title _____

NOTE: Attach letter of support from Community Partner.

Answer these questions: [If you prefer, you may attach a separate page to address these questions.]

1. Have you participated in Let's Talk About It during the past three years? yes no
2. If you have sponsored a previous Let's Talk About It series, what was the average attendance per session at your most recent series? _____ (a minimum of 15 per session is desired)
3. Will you be able to involve a minimum of 15-20 participants in each session of your series?
4. How will hosting a Let's Talk About It series benefit your library and your community?
5. What will participants gain from attending your Let's Talk About It series?

6. What is your community partner's role in supporting your LTAI series? What support might they provide for publicity and how might they help provide audience members?

7. How will you publicize your series to your community to ensure minimum attendance is met? Please indicate all avenues anticipated for publicity. You may use a separate page for your marketing plan and attach it to this application. (Sample marketing plans are available on the ICfL website.) (It is important to have minimum attendance for a lively discussion and to make it worth the scholar's time and worth the grant amount from IHC and US Bank.)

8. By submitting this application, do you agree to assume responsibility for the return of books provided to your library *and replacement of any books* which are lost or damaged, and do you agree to provide library and participant feedback to ICfL, along with grant match forms and information? ____Yes ____No

Theme Choice: Indicate your *first and second* choice of theme below. See the list of all themes and books at <http://libraries.idaho.gov/page/themes-and-books>.

Theme Requested:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Schedule: Indicate when you would like to hold your LTAI discussion sessions.			
Time period:	<input type="checkbox"/> September - December 2014	<input type="checkbox"/> January - March 2015	<input type="checkbox"/> March - May 2015
			
Program Dates:	_____	_____	_____
(Select up to	_____	_____	_____
5 dates to	_____	_____	_____
Hold book	_____	_____	_____
Discussions)	_____	_____	_____
Program Time:	_____		
Day of Week:	_____		
Location:	_____		
Titles 1 st Choice:	_____		

Titles 2 nd Choice:	_____		

No. of Books Requested:	___ 10 ___ 15 ___ 20 ___ 25		

**By signing and submitting this application, I agree that the library will provide a \$100 cash match to the LTAI program upon receipt of invoice from Idaho Commission for Libraries.

Signatures

Library Director name [please print]

Signature

Date

Library Board Chair name [please print]

Signature

Date

Community partner representative
[please print]

Signature

Date

