



Idaho  
Commission  
for Libraries

Idaho Let's Talk About It Project  
Fall 2015–Winter/Spring 2016  
Library Application



One copy of the application *and* community partners' letters of support are required. The application must be completely filled out and received at ICfL by 5:00

p.m. MT **May 15, 2015**. 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](mailto: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).

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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.

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Community Partners Information

#1 Name of community partner organization

\_\_\_\_\_

Name of person representing partner organization \_\_\_\_\_

Title \_\_\_\_\_

NOTE: Attach letter of support from Community Partner.

#2 Name of community partner organization

\_\_\_\_\_

Name of person representing partner organization \_\_\_\_\_

Title \_\_\_\_\_

NOTE: Attach letter of support from Community Partner.

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*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. How do you plan to ensure a minimum of 15-20 participants in each session of your series? 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 meet the desired 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.)
4. Will your LTAI series coincide with other community activities/events that support the theme selected?  yes  no  
If so, describe:
5. How will hosting a Let's Talk About It series benefit your library and your community?
6. What will participants gain from attending your Let's Talk About It series?
7. What are your community partners' roles in supporting your LTAI series? What support might they provide for publicity and how might they help provide audience members?
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

9. By submitting this application, do you agree to participate in a *required* telephone conference meeting to be scheduled in August 2015 with ICfL to discuss promotion and success of your LTAI series?  yes  no

10. By signing this application, do you acknowledge that it is your responsibility to share the Theme Essay with participants, provide each participant with a feedback form and the opportunity to provide comments/feedback about the program, and complete and return library feedback and in-kind match forms as requested by ICfL?  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:	_____	_____	_____
		First Choice	
		_____	
		Second Choice	
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 <sup>st</sup> Choice:	_____		
	_____		
	_____		
	_____		
	_____		
Titles 2 <sup>nd</sup> Choice:	_____		
	_____		
	_____		
	_____		
No. of Books Requested:	___10___15___20___25		

11. By signing and submitting this application, do you agree that the library will provide a \$100 cash match to the LTAI program upon receipt of invoice from Idaho Commission for Libraries?  yes  no

Signatures

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_____	_____	_____
Library Director name [please print]	Signature	Date

_____	_____	_____
Library Board Chair name [please print]	Signature	Date

_____	_____	_____
Community partner representative [please print]	Signature	Date

_____	_____	_____
Community partner representative [please print]	Signature	Date