



**Idaho  
Commission  
for Libraries**

Idaho Let's Talk About It Project  
Fall 2016–Winter/Spring 2017  
Library Application



One copy of the application *and* each community partner's letter of support are required. The application must be completely filled out and received

at ICfL by 5:00 p.m. MT **Friday, May 20, 2016**. 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).

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 Partners Information (2 partners required)

#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.

*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 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?

7. 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

8. 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 2016	<input type="checkbox"/> January - March 2017
		<input type="checkbox"/> March - May 2017
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	

9. 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

---

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