



Idaho
Commission
for Libraries

Idaho Let's Talk About It Project
Fall 2018–Winter/Spring 2019
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 18, 2018**. 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 208-334-2150 (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.)

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 2018	<input type="checkbox"/> January - March 2019
	↓	↓
		<input type="checkbox"/> March - May 2019
	↓	↓
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	

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