

APPLICATION FOR STATE AID GRANT FY2016

The Library of Virginia • Library Development and Networking Division • 800 East Broad Street • Richmond, VA 23219-8000

The Code of Virginia 42.1-50 states, "applications must be received prior to June 1st of each calendar year." Code of Virginia 42.1, 46-58, the Virginia Administrative Code 17 VAC 15-110-10 (also known as the *Requirements Which Must Be Met In Order to Receive Grants-In-Aid*), and the *Instructions for the Expenditure of State Aid Grants* must be followed.)

Library Director (Please Print): Daniel Ream

Library Director's E-mail Address: dream@rappahannock.edu

Library System's URL: www.rcplva.org

Official Name of Library System: Richmond County Public Library

Address: 52 Campus Drive

City: Warsaw State: Virginia Zip Code: 22572

Phone Number: (804) 333-6710 Fax Number: (804) 333-0589

Library is open 58 hours per week.

Number of evenings with 3 or more consecutive hours after 5:00 PM 4

Total hours after 5:00 PM per week 14

Number of weekend hours per week 4
(Requirement #5)

Five Year Plan (Requirement #2)

2011-2016 Date of Plan

July 2014 Date of last annual revision

July 2015 Revision Expected

Type and frequency of delivery system (Requirement #8)

n/a

Type of extension service provided (Requirement #7)

Bookmobile/Van

Contact Hours

Branch(es)

Books-By-Mail

Contract with other library

Other (specify) Haynesville Correctional

I affirm that I am *certified* by The Library Board.

Librarian's Signature Date

Certificate Number: 3144

I notify The Library Board that I am *not certified*.

Librarian's Signature Date

I agree, in order to administer this grant, to participate in any administrative seminars required by the Library Development and Networking Division.

Librarian's Signature Date

Signature of Chairperson of the Board of Trustees Date
or Authorized Representative of the Governing Body

APPROVED BY LVA **DO NOT WRITE IN THIS SPACE**

Director, Library Development and Networking Division

Librarian of Virginia

Date: _____ Amount: _____

The library system was established in (year) 1993 and is organized under the Code of Virginia (check all that apply):

- Section 42.1-33: City County Town
- Section 42.1-37: Regional
- Other (specify): _____
- Section 42.1-34 Section 42.1-43

Governing Body is: Richmond Co. Board of Supervisors
(see Code of Virginia, Section 42.1-35 and 36)

The Board of Trustees is (check one) — *(see Code of Virginia, Section 42.1-35 and 36):* Governing Advisory

The Board of Trustees has 9 members:
 Appointed Elected

Librarian is appointed by: Brd. of Trustees City/Town Mgr.
 County Manager Other (specify): contractual

The Board meets: Monthly Quarterly
 Other: _____

The Board meets: Day 2nd Tuesday
Time: 4:00 p.m.

Give the complete name, title, address, and telephone number of the person to whom the librarian directly reports:

Name: Virginia Jones
 Title: Dean, Technology and Learning Resources
 Address: 52 Campus Drive
Warsaw, Virginia 22572
 Telephone Number: (804) 333-6781

Give the complete name, title, address, and telephone number of the person who handles all library funds (i.e., the treasurer or fiscal officer who signs the checks):

Name: Edith Anne Sanders
 Title: Richmond County Treasurer
 Address: P.O. Box 1000
Warsaw, Virginia 22572
 Telephone Number: (804) 333-3415

Funds are handled by:
 Library Board Local Government

Give the complete name, title, and address of the local governing officials (i.e., Chairperson of Board of Supervisors, County Manager/Administrator, City Manager, Town Manager, etc.) in each jurisdiction (city, county, town).

1. Name: Lee Sanders
 Title: Chairman, Richmond Co. Board of Supervisors
 Address: P.O. Box 1000
Warsaw, Virginia 22572
 Telephone No.: (804) 333-3415

2. Name: R. Morgan Quicke
 Title: County Administrator
 Address: P.O. Box 1000
Warsaw, Virginia 22572
 Telephone No.: (804) 333-3415

3. Name: John Slusser
 Title: Warsaw Town Manager
 Address: P.O. Box 730
Warsaw, Virginia 22572
 Telephone No.: (804) 333-3737

4. Name: _____
 Title: _____
 Address: _____
 Telephone No.: () _____

5. Name: _____
 Title: _____
 Address: _____
 Telephone No.: () _____

6. Name: _____
 Title: _____
 Address: _____
 Telephone No.: () _____

7. Name: _____
 Title: _____
 Address: _____
 Telephone No.: () _____

8. Name: _____
 Title: _____
 Address: _____
 Telephone No.: () _____