



Date submitted _____

**GRANTS TO STATES
INFORMATION UPDATE**

State Library Administrative Agency (SLAA)

Name: _____
Mailing Address: _____
City, State, Zip: _____
DUNS Number: _____
EIN: _____
Parent Organization, if applicable
(e.g., Dept. of Administration): _____

Chief Officer of SLAA

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Is the Chief Officer also the Authorized Certifying Official? Yes No (if no, please designate below)

Authorized Certifying Official (if different from Chief Officer)

Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip (if different from above): _____
Phone: _____
Fax: _____
Email: _____

LSTA Coordinator

Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip (if different from above): _____
Phone: _____
Fax: _____
Email: _____

Head of Library Development

Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip (if different from above): _____
Phone: _____
Fax: _____
Email: _____

Fiscal Officer

Name: _____
Title: _____
Mailing Address (if different from above): _____
City, State, Zip (if different from above): _____
Phone: _____
Fax: _____
Email: _____