



IslandLink Library Federation
 3185 West Road
 Nanaimo BC V9R 6X1
 1-855-927-2005
 lbeswick@islandlink.ca
<http://www.islandlink.ca>

A. COLLABORATIVE INITIATIVES: REQUEST FOR PROGRAM OR OUTREACH SUPPORT

IslandLink will match local library and/or partner funding for approved projects (including "in kind" services/materials) up to \$1,250.00

Library:	Contact Name:	Contact Email:
Title of Program/Project:		
Describe Program/Project and Benefits to Library/Community: [attach additional information, as appropriate]		
Date(s) of event/project:	Estimated number of participants (and/or other outcomes):	
Itemize local/partner support: e.g. contributions from library budget; support from community partners or educational institutions, etc.		
Revenue Sources: (or in-kind support) e.g. Donation from Community Partner; Library Budget; Volunteer Hours, etc.	Value (in dollars):	
TOTAL SUPPORT REQUESTED FROM ISLANDLINK:		

I agree to ensure that the funds will be used solely for the purpose described above and that a final report itemizing revenues and expenses (with receipts) will be submitted within 30 days of the program/project completion date.

Signature: _____

Date: _____

B. COLLABORATIVE INITIATIVES: REPORT & PAYMENT CLAIM

Title of Program/Project:	
Report on the program or activities undertaken, including total number of participants and/or other outcomes. Attach supporting materials such as promotional materials or evaluations.	
REVENUE: Please itemize total project revenue sources: (if different from those listed on request form):	Value (in dollars):
EXPENDITURES: Please itemize the expenditure of IslandLink support and include copies of receipts.	
TOTAL SUPPORT REQUESTED FROM ISLANDLINK:	

Signature: _____

Date: _____