



IslandLink Library Federation  
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**A. COLLABORATIVE INITIATIVES 2017: 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

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

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: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

**B. COLLABORATIVE INITIATIVES 2017: REPORT & PAYMENT CLAIM**

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.

<b>REVENUE: Please itemize total project revenue sources: (including in-kind support):</b>	<b>Value (in dollars):</b>
<b>EXPENDITURES: Please itemize the expenditure of IslandLink support and include copies of receipts.</b>	
<b>TOTAL SUPPORT REQUESTED FROM ISLANDLINK:</b>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_