

**LOUISIANA CENTER FOR THE BOOK
GRANT APPLICATION**

Name of Library: _____
Mailing Address: _____
Federal Tax ID #: _____
Name of Director: _____
Email Address: _____

PROGRAM INFORMATION

Name of Program: _____
Day/Date of Program: _____
Time: _____
Location of Program: _____

Type of Program: _____
Panel Discussion, Reading & Discussion, Writing Workshop, Seminar, Etc.

Description of Program: _____

Name(s) and Credential(s)
of Program Participants: _____

PROGRAM COORDINATOR

Name: _____
Telephone Number: _____
Email Address: _____

Submit completed applications to:

Jim Davis, Director
Louisiana Center for the Book
701 North 4th Street
Baton Rouge, LA 70802