

# INFORMATION UPDATE

Submitted: \_\_\_\_\_

<b>DUNS Number:</b>		
<b>STATE LIBRARY ADMINISTRATIVE AGENCY:</b>		
Mailing Address:		
City:	State:	Zip:
<b>Chief Officer of SLAA (Mr.)(Ms.)(Mrs.)(Other):</b>		
Title:		
Phone Number:	Fax Number:	
E-Mail Address:		
Name of Parent Organization, if applicable (e.g., State Dept. of Education, Culture, and Tourism, etc.):		
<b>Name of Authorized State Agency Official (if different from above): (Mr.)(Ms.)(Mrs.)(Other)</b>		
Title:		
Mailing Address (if different from above):		
City:	State:	Zip:
Phone Number:	Fax Number:	
E-Mail Address:		
<b>Name of Head of Library Development: (Mr.)(Ms.)(Mrs.)(Other):</b>		
Title:		
Mailing Address (if different from above):		
City:	State:	Zip:
Phone Number:	Fax Number:	
E-Mail Address:		
<b>Name of LSTA Coordinator (Mr.)(Ms.)(Mrs.)(Other):</b>		
Title:		
Mailing Address (if different from above):		
City:	State:	Zip:
Phone Number:	Fax Number:	
E-Mail Address:		
<b>Name of Fiscal Officer (Mr.)(Ms.)(Mrs.)(Other):</b>		
Title:		
Mailing Address (if different from above):		
City:	State:	Zip:
Phone Number:	Fax Number:	
E-Mail Address:		
<b>Names of People Authorized to sign Drawdowns. Please provide no more than two.</b>		