

## REMOTE ELECTRONIC ACCESS FOR LIBRARIES (REAL) PROGRAM

Missouri State Library Application

Name of Library:		
Mailing Address:		
Name, phone number, email address, and fax nun	nber for contact person:	
My Internet connected computer(s) have at least and 250 GB of available hard disk space of solid st		
Number of computer workstations networked tog	ether that meet these minimum requirement	ents:
At Least two MOREnet Contacts will be assigned t of the Application Packet:	hose duties listed in Appendix 2 YES	NO
I will supply to MOREnet a copy of E-RATE Form 4 request so MOREnet is able to file for E-rate reimb		
ASSURANCES: The Missouri State Library that it will keep such record for program auditing and evaluation. It will provid program use information it may need to carry out library has reviewed the current fee schedule and the University of Missouri upon receipt of the involupor appropriation from the General Assembly and are	Is and provide such information as may be le the Missouri State Library and MOREnet its responsibilities under the REAL Progran understands the obligation to pay all fees, pice. Library fees are partially supported th	necessary any n. The directly to rough an
	Date:	
Signature of the President of the Board		
Circle of the Director	Date:	
Signature of the Director		

Please contact Jeanne Sullivan with MOREnet at 1-800-509-663 if you have any questions about this application.

You may email the completed application to MOSTLIB@sos.mo.gov, fax the application to (573) 751-3612 OR mail your application to the Missouri State Library.

ATTN: Library Development Director/REAL Program Missouri State Library 600 West Main Street, P.O. Box 387 Jefferson City, MO. 65102-0387