

California State Library
 Budget Office
 P.O. Box 942837
 Sacramento, CA 94237-0001

Project Title: Public Library Staff Education Program
 System/Agency: El Dorado County Library

PLEASE COMPLETE AND RETURN THIS PAGE

CERTIFICATION

- I. I affirm that the subgrantee named below is the legally designated fiscal agent for this program and is authorized to receive and expend funds for the conduct of this program.
- II. I affirm that all information provided to the California State Library for review in association with this award is correct and complete to the best of my knowledge; that as the authorized representative of the subgrantee, I have the legal authority to commit my organization to the conditions of this award.
- III. I affirm that any or all other subgrantees participating in the program have agreed to the terms of the application/grant award, and have entered into an agreement(s) concerning the final disposition of equipment, facilities, and materials purchased for this program from the funds awarded for the activities and services described in the attached, as approved and/or as amended in the application.

SIGNED _____ **DATE** _____
 Authorized representative

Rusty Dupray Chairman, Board of Supervisors

 Type or print name and title, of authorized representative

County of El Dorado

 Legal name of local subgrantee

Public Library Staff Education Program

 Project name as listed on the application

360 Fair Lane

 Street address of named subgrantee

Placerville

 City

El Dorado 95667

 County Zip Code

530 621-5654

 Telephone of authorized rep.

Jeanne Amos, Library Director

 Coordinator/Director of program if different

530 621-5546

 Telephone

same as above

 WHO SHOULD RECEIVE NOTIFICATION OF APPROVAL OR DENIAL OF LSTA AWARD:

same as above

 WHO SHOULD RECEIVE INSTRUCTIONS FOR PREPARING REQUIRED REPORTS:
 (Provide name, address and telephone number. Use back if needed.)