

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

LSTA GA CERTIFICATION

LSTA GRANT AWARD # 40-8279

Project Title: Learning2Go
System/Agency: El Dorado County Library

PLEASE COMPLETE AND RETURN THIS PAGE

CERTIFICATION

- I. I certify that I am the legally designated representative for this award and am authorized to receive and expend funds for the conduct of this program.
- II. I certify that all information provided to the California State Library for review in association with this award is and will be correct and complete to the best of my knowledge; that as the authorized representative of the grant award, I have the legal authority to commit my organization to the conditions of this award.
- III. I certify 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

Type or print name and title of authorized representative

E-mail address of authorized representative

Street address of named system/agency

City

County

Zip Code

Telephone of authorized rep.

Coordinator/Director of program, if different

Telephone of Coordinator/Director

WHO SHOULD RECEIVE NOTIFICATIONS, IF NEEDED, FOR REQUIRED REPORTS
(Provide name, address and telephone number)