

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** \_\_\_\_\_

*Authorized representative*

**DATE** \_\_\_\_\_

Helen K. Baumann, 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

*County*

95667

*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.)