



Technology Improvement Grant

Request for Payment

This form is to request SCLC to pay an invoice or to release funds to the library or Califa. Carefully read the options below. Sign, date and return via a scanned copy or mail.

Please check one of the boxes

_____ I have chosen to have funds applied to my first year connection and request funds to be sent to Califa.

XX I have chosen to request the full amount of grant awarded funds. I will maintain and be responsible for all records of eligible equipment records for audit purposes.

_____ I have chosen to submit an invoice not to exceed the amount of grant awarded funds to be paid by SCLC. SCLC will retain all eligible equipment records for audit purposes.

Amount requested: \$15,000

Library Name: EL DORADO COUNTY LIBRARY

Contact: JEANNE AMOS

Address: 345 FAIR LANE
PLACERVILLE, CA 95667

Signature

Date

CHAIR, BOARD OF SUPERVISORS
COUNTY OF EL DORADO