

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

Project Title: Capturing our Stories: the El Dorado Co Oral History Project
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 _____

Type or print name and title, of authorized representative

Legal name of local subgrantee

Project name as listed on the application

Street address of named subgrantee

City

County

Zip Code

Telephone of authorized rep.

Coordinator/Director of program if different

Telephone

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

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