



December 23, 2019

Salinas Public Library
Kristan Lundquist, Director of Library & Community Services
110 W. San Luis St.
Salinas, CA 93901-2692

KristanL@ci.salinas.ca.us

Dear Ms. Lundquist:

Kristan

I'm pleased to enclose a claim form for the remainder of your California Library Literacy Services funding for the 2019-2020 fiscal year. This **final, second payment** of your total allocation for the fiscal year that began July 1, 2019 is based on:

- A *per capita* amount per adult learner served at your library during the previous fiscal year.
- A *match* on local funds raised and expended for adult literacy services at your library during the fiscal year that ended June 30, 2019.

Earlier this year you received a baseline for your literacy program. The baseline reflects the importance of each library having enough funds to provide local literacy staffing and service.

Below is a summary of your total California Library Literacy Services funding for the current program year:

Adult Literacy 2019/20

Baseline Adult Literacy Services:	\$18,000 (amount previously claimed)
Final Payment (Per Capita & Match):	\$61,950 (amount to be claimed now)

GRAND TOTAL for Adult Literacy: **\$79,950**

Family Literacy Grant 2019/20 **\$70,000**

Grand Total for ALS & Family Literacy **\$149,950**

Any changes in your funding from last year are based, in part, on an increase or decrease in the number of adult learners you served and/or the amount of local funds expended on your library literacy program last year.

We'll initiate the payment process upon receipt of your signed claim form and certification form which are attached. The forms serve as a request to claim the funds and have a check sent to you and a certification that your library will use the funds for the purpose intended.

This final payment will be processed after all reporting requirements from the prior fiscal year have been received, all adjustments made and unexpended monies returned.

Please mail the signed claim form to: **California State Library
Fiscal/Local Assistance
P.O. Box 942837
Sacramento, CA 94237-0001**

In February, you'll be asked to revise your literacy budget for the 2019-2020 fiscal year utilizing the actual total allotment from the State Library shown in this award letter. The budget that you submitted with your application earlier this year was based on projections. Your revised budget should the updated information included in this letter.

You'll be asked to report electronically after the close of the fiscal year. Library literacy services staff will provide more details on this process.

PLEASE REMEMBER THAT

**ALL STATE FUNDS MUST BE EXPENDED OR ENCUMBERED BY JUNE 30, 2020
OR RETURNED TO THE STATE.**

If you need a copy of your most recent final report and/or application, or have any questions, please contact Natalie Cole at natalie.cole@library.ca.gov.

Thanks again for your commitment to literacy. It's one of the most transformative and successful things libraries do.

Respectfully yours,


Greg Lucas
California State Librarian

Happy Holidays! All the best for 2020

cc: Cathy Andrews, Literacy Coordinator (via email: cathleena@ci.salinas.ca.us)

Enc.: Claim Form
Certification Form

PLEASE COMPLETE AND RETURN THIS PAGE**Claim Form****State of California
California Library Literacy and English Acquisition Services (CLLS)****California Education Code; Section 18880-18883
Budget Citation Chapter 23 - Budget Item 6120-213-0001**

Fiscal Year: 2019-2020	
Reporting Structure: 61202000	COA: 5432000; Approp. Ref: 213
Purchasing Authority Number: CSL-6120	Category: 84121600 Program #: 5312

FOR PAYMENT OF CALIFORNIA LIBRARY LITERACY SERVICES GRANTAmount Claimed – Final Installment: **\$61,950****SALINAS PUBLIC LIBRARY**

claims the indicated allowance for the purposes of carrying out the functions stated in its CLLS application and in Sections 18880-18883 of the California Education Code.

Warrant to be issued for payment to the library to be addressed to:

***Salinas Public Library, Fiscal Officer City Hall, 200 Lincoln Ave, Salinas, CA 93901-2639**

(Authorized agency to receive, disburse and account for CLLS funds)

I hereby certify under penalty of perjury: that the library named above shall use their allowance solely for the purposes indicated in their CLLS application and in Sections 18880-18883 of the California Education Code.

Official Representative or Fiscal Agent (Signature Required)_____
Title

MAIL ONE ORIGINAL SIGNATURE TO:
**California State Library
Fiscal Office – CLLS
P. O. Box 942837
Sacramento, CA 94237-0001**

State Library Local Assistance Office Use Only

STATE OF CALIFORNIA, State Library Fiscal Office

By _____
State Library Representative*Approval by State:*

CLLS \$ _____

Date: _____

PLEASE COMPLETE AND RETURN THIS PAGE

CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that the claim is in all respects true, correct and in accordance with law and the terms of the agreement; and that payment has not previously been received for the amount claimed herein.

The claims the indicated allowance for the purposes of carrying out the functions stated in its CLLS application and in Sections 18880-18883 of the California Education Code.

SIGNED

DATE

Signature - Authorized representative

Typed/Printed Name and Title of Authorized Representative

Email address of authorized representative

MAIL ONE ORIGINAL SIGNATURE TO:
California State Library
Fiscal Office – CLLS
P. O. Box 942837
Sacramento, CA 94237-0001