Salinas Public Library

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Claim Form

State of California California Library Literacy and English Acquisition Services (CLLS)

California Education Code; Section 18880-18883 Budget Citation Chapter 21 – Budget Item 6120-213-0001

Fiscal Year: 2021-2022	
Reporting Structure: 61202000	COA: 5432000; Approp. Ref: 213
Purchasing Authority Number: CSL-6120	Category: 84121600 Program #: 5312

FOR PAYMENT OF CALIFORNIA LIBRARY LITERACY SERVICES GRANT

Amount Claimed - \$152,190

\$77,190 for ALS (90% of award) and \$75,000 for FLS (100% of award)

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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

State Library Local Assistance Office Use Only

STATE OF CALIFORNIA, State Library Fiscal Office

B	v
	y

State Library Representative

*The warrant address must match that on file in Fi\$Cal. If you need to change the authorized library name and/or address, please contact Gina Iwata, CSL Fiscal Office. (<u>gina.iwata@library.ca.gov</u>)

Approval by State:

_ _ _ _ _

CLLS \$_____ Date:

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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.

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

SIGNED	DATE
Signature - Authorized representative	
Typed/Printed Name and Title of Authorized Representative	

Email address of authorized representative

PROJECT INFORMATION:

Invoice #: 20-7022-1

Project Title: California Library Literacy Services

Grantee: Salinas Public Library

Funding Start Date: upon execution	Term completion: December 31, 2022
Total Adult Literacy Services Funded Amount:	\$85,767
Total Family Literacy Services Funded Amount:	\$75,000
Total Award:	\$160,767

PAYMENT SCHEDULE:

Libraries may request 90% of their Adult Literacy Services award and 100% of their Family Literacy Services award upon receipt of the award letter.

Libraries may request the final 10% of their award upon the completion and approval of the mid-year report.

Note:

Libraries have 18 months to spend their CLLS funds, from the start of the fiscal year in which the funds are awarded until December 31 of the following fiscal year.

	Adult Literacy Services	Family Literacy Services	Total Allocation
Initial Payment	\$77,190	\$75,000	\$152,190
Final Payment	\$8,577		\$8,577
Total:	\$85,767	\$75,000	\$160,767

REPORTING:

Libraries will be required to submit mid-year financial and program narrative reports as well as a final report. Reminder emails will be sent out beginning six weeks before each required report.

All required reporting materials will be located on the California State Library's website. The reporting schedule is detailed below.

Mid-year financial and Narrative report	Due January 31, 2022
Final Report	Due September 30, 2022

Note: A budget modification form will be required for <u>all</u> budget changes regardless of amount. Modification form may be submitted throughout the year but no later than May 31st.

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REQUIRED BUDGET MODIFICATION FORM:

As mentioned in your award letter, the Adult Literacy Services award amount is **\$2,182** higher than your original projected award. Due to this difference, we are asking all programs to complete a Budget Modification Form to be submitted along with the Claim Form. The Budget Modification Form showing the plan for the entire award must be completed and approved before your claim form can be processed.

Below is the Budget Modification Form pre-populated with your current approved budget and the justification for the changes. Please identify in the central column titled "Proposed Modifications" what category(ies) the additional funding will be spent in.

In Process