

ATTENTION

ATTACHED IS THE CLAIM FOR PAYMENT AND THE LSTA CERTIFICATION. THESE TWO FORMS MUST BE COMPLETED, SIGNED (WITH ORIGINAL SIGNATURES), AND RETURNED TO:

**CALIFORNIA STATE LIBRARY
FISCAL OFFICE – LSTA
P.O. BOX 942837
SACRAMENTO, CA 94237-0001**

THESE FORMS MUST BE SUBMITTED AS SOON AS POSSIBLE TO AVOID DELAY IN RECEIVING FUNDS. YOU SHOULD RETAIN COPIES OF THE CLAIM AND THE CERTIFICATION FOR YOUR FILES. ***THESE ARE THE ONLY DOCUMENTS THAT NEED TO BE RETURNED AT THIS TIME.***

THANK YOU.

Attachments

Library Services and Technology Act
FINANCIAL CLAIM
1ST PAYMENT

FY: 19/20
FAIN: LS-00-19-0005-19
ITEM NO: 6120-211-0890, BA 19, Statutes of 2019
PURCHASING AUTHORITY NUMBER: CSL-6120
REPORTING STRUCTURE: 61202000
COA: 5432000
PROGRAM #: 5312
SCHEDULE NO:
SCHEDULE DATE:

DATE: _____

Claim of: Tulare County Free Library

Address: _____

For: Tulare County Free Library
(Name of System or Agency)

Project Title: Read to Succeed Library & Literacy Mobile Unit

Amount Claimed: \$45,000

Grant Award Number: 40-8962

For Period From: upon execution to end of grant period

Type of Payment **PROGRESS** FINAL IN FULL
 Payable Upon Execution of Agreement 7/1/2019

CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that this 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.

by _____
(Signature of the authorized representative)

(Title)

State of California, State Library Fiscal Office

by _____ date _____
(State Library representative)

MAIL ONE ORIGINAL SIGNATURE TO:

**California State Library
Fiscal Office – LSTA
P.O. Box 942837
Sacramento, CA 94237-0001**

Project Title: Read to Succeed Library & Literacy Mobile Unit
System/Agency: Tulare County Free Library

PLEASE COMPLETE AND RETURN THIS PAGE

CERTIFICATION

- I. I certify that I am the legally designated representative for this award and am authorized to receive and expend funds for the conduct of this program.
- II. I certify that all information provided to the California State Library for review in association with this award is and will be correct and complete to the best of my knowledge; that as the authorized representative of the grant award, I have the legal authority to commit my organization to the conditions of this award.
- III. I certify that any or all other subrecipients 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 _____ **DATE** _____
Authorized representative

Type or print name and title of authorized representative

E-mail address of authorized representative

**This form, with signature, must be
returned to:**

**California State Library
Fiscal Office – LSTA
P.O. Office 942837
Sacramento, CA 94237-0001**