

Libraries and library organizations in Washington State may be eligible to receive up to 75% reimbursement for the cost of bringing professional training to your library. Public libraries serving a population of less than 5,000 can receive 100%. Library organizations can receive up to $3,000 per year. Funding for grants comes from the Washington State Library's federal Library Services and Technology Act (LSTA) award.

You can find more about the Professional Development (PD) Grant application at [sos.wa.gov/q/pdgrants](http://sos.wa.gov/q/pdgrants) or by contacting WSLgrants@sos.wa.gov. Two copies of the application are required: Mail a copy with original signatures, to the address below and send an electronic copy to WSLgrants@sos.wa.gov. Keep a copy for your records.

**ALL** applications must be postmarked between **30 – 90 days** before the start date of the event.

**PD Grant Program**

**Washington State Library**

**PO Box 42460**

**Olympia, WA 98504**

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| **Part 1: Organization information**District/System name Click to enter text Branch Click to enter textMailing address Click to enter textStatewide Vendor number Click to enter textDUNS number Click to enter textTax ID number Click to enter text**Contracting authority**Name Click to enter text Title Click to enter textEmail Click to enter textTelephone Click to enter text**Please indicate your understanding and conformance with the following:** |
| [ ]  | You reviewed the LSTA priority(s) indicated and agree that this event supports those. |
| [ ]  | You understand that any funds obtained with this application may not be used in place of local funds. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click to enter text. Date: date.

Enter name

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| **Part 2: Event information**

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| **Title:**  | Click to enter text | **Location:** | Click to enter text |
| **Trainer:** | Click to enter text | **Email/webpage:**  | Click to enter text |
| **Date(s):** | Click to enter text |  |  |

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| **Total request:** | Click to enter text |  | Click to enter text |
| **Project Manager:** | Click to enter text | **Email/phone:**  |

**Please describe event, including** **Anticipated impact on customers:** Click here to enter text.**Purpose:** Click here to enter text.**Number of attendees:** Click here to enter text. **Length and type of presentation:** Click here to enter text.**Evaluation proposed:** Click here to enter text.**Instructor qualifications:** Click here to enter text.**Justification of requested award:** Click here to enter text.**Other:** Click here to enter text. |

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| **Part 3: LSTA priorities** |
| How will your event support and further one or more of the LSTA priorities? Please provide a brief explanation for your selected priority(s) in the fields below. This should include the potential impact on library services. *(The PD event must have a benefit to the library's end users. If #3 is selected, please select at least one additional option.)* Detailed information is available here: <http://www.sos.wa.gov/_assets/library/libraries/grants/pd-details.pdf>. |
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| **Attendance at this PD event will support our ability to:** |
| **1.** Expand services for learning and access to information: Click here to enter text. |
| 2. Develop library services that provide all users: Click here to enter text. |
| 3. Advance the delivery of library and information services: Click here to enter text. |
| 4. Provide electronic and other linkages: Click here to enter text. |
| 5. Develop public and private partnerships: Click here to enter text. |
| 6. Target library services to diverse communities: Click here to enter text. |
| 7. Target library and information services to the underserved: Click here to enter text. |

**Part 4: Budget**

*Double click to use Excel worksheet, click back in main document to return*

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**Part 5: Project Manager**

The Project Manager must ensure that one or more attendee submit a visual presentation and complete a written (Survey Monkey) questionnaire about the PD event. Information about this evaluation is included on the PD Grant Claim Form. Washington State Library can’t process reimbursement before receiving both the survey and the visual presentation.

I have reviewed the information above and understand that reimbursement ***will only be paid*** to cover eligible, documented, itemized expenses, not to exceed the approved award amount.

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click to enter text. Date: date.

Enter name

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| **Match waiver request**I certify that my **public library** serves a population of less than 5,000 and request a waiver of the match. Contracting authority signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: date.  |