

Washington State Library



Online Virtual Library Conferences

Grant Application

General Information

Washington State Library (WSL) has reserved multiple spots for library staff from around the state to attend the following virtual library conferences:

2020 Association of Rural and Small Libraries (ARSL)

09/28 - 10/02

2020 Northwest Interlibrary Loan and Resource Sharing (NWILL)

09/09- 9/11

2020 Washington Library Association (WLA)

10/05 - 10/10

WSL will pre-pay the registration and send each attendee their own individual participation link. We anticipate being able to fund between 30 and 50 attendees to each conference.

- The deadline for applications is 09/03/2020.
- Please fill out separate applications for each attendee and event.
- We anticipated being able to fund up to 50 places per event, first come first served.

The conference dates are listed above. You can find out more about the conferences at their websites, linked above.

Requirements

ARSL Applicants should be from a public or tribal library, or a library branch that serves a population of 10,000 or less.

NWILL and WLA applicants can be from any library.

Each awardee must complete a short follow-up survey report, detailing and sharing their experience.

SAMPLE

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Part 1: Event Information

Who is eligible?

Paid or volunteer staff that work a minimum of ten hours per week for the library.

* Which virtual conference would you like to attend?

- ARSL
- NWILL
- WLA

Washington State Library



Online Virtual Library Conferences

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Part 2: Attendee Information

If you wish to apply for more than one staff member, please submit separate applications, which will be reviewed independently. Each person attending is responsible for completing the required reports. Reimbursement depends on completing all requirements.

* Attendee name

* Attendee Library (branch)

* Attendee title

* Attendee email

* Please select the WSL goal and LSTA priority supported by attendance at this event:

- Promote economic growth, education and life-long learning:** Contribute to the state's economic prosperity and cultural richness by supporting relevant and high-quality education, literacy and reading, and life-long learning. (LSTA priority #6: Target library services to diverse communities or #7: Target library and information services to the underserved.)
- Preserve and share Washington's stories:** Connect Washingtonians to their history, employing digital initiatives and other preservation strategies to tell the stories of local communities and to celebrate our common heritage. (LSTA Priority #1: Expand services for learning and access to information or #2: Develop library services that provide benefits to patrons.)
- Develop professional skills and build capacity among all libraries:** Elevate the quality of library service and the caliber of library staff through facilitation, consulting, grants, training and modeling best practices to build capacity in libraries statewide. (LSTA Priority #4: Provide electronic and other linkages or #5: Develop public and private partnerships.)

* How will participation in this event address the WSL goal and LSTA priorities selected? Please include examples of the conference programs and their potential impact on library services.

* How does this relate specifically to the work you do in the library?

* What is the expected benefit to your patrons?

The attendee commits to attending the full conference and reporting back to WSL on the questionnaire provided after the conference. WSL will appreciate extra feedback, such as, pictures or suggestions about how this experience we can improve this experience.

Attendee agrees

Washington State Library



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Part 3: Organization and Contracting Authority

* District/Organization/System name

Branch, if applicable

* Street address and zip code

* Washington State Legislative District

* Federal Legislative District

* Date of last award from Washington State Library (MM/DD/YYYY). *Please include contract number.*

* Contracting Authority

(The Contracting Authority is the person in your organization who is authorized to accept federal funding. Please check with your director or business office.)

Name

* Title

* Email

* Telephone

* Please indicate your understanding and conformance with the following:

- Individuals covered by this grant are employed or utilized by this organization for 10 or more hours per week throughout the entire grant period (from application to claim payment).
- You reviewed the LSTA priority(s) indicated by each individual and agree that this event supports those.

SAMPLE