

Professional Development Grant Application  
Individual Staff

General Information

**Washington State Library (WSL) funds Professional Development (PD) Grants to help fund professional training for library staff. These awards use federal funding from the Institute of Museum and Library Services (IMLS) through the Library Sciences and Technology Act (LSTA).**

**Organizations can apply for awards to send library staff to conferences, workshops or seminars. We accept applications from the time an event's registration opens up to 30 days before an event. We encourage everyone to try to take advantage of savings like early bird registration.**

**Qualifying libraries include public libraries, schools districts for their school library staff, academic institutions for their libraries, tribal libraries, and non-profit institutions and their libraries. If the library is not fiscally independent, the application must come from the library's parent entity. Either a library or their parent institution, depending on their structure, has the authority to apply for these grants and receive reimbursements.**

**WSL requires both a narrative and a visual report we can publish. Each event attendee must complete the online report and create a visual presentation. Acceptable presentation styles include slide presentations, data visualization, infographics, or videos that we may post online. When preparing these reports, please be aware of copyright and photo release permissions, especially for digital images.**

**All reports and visual projects must be completed and approved before reimbursement is processed.**

**The applicant organization claims reimbursement. Reimbursements are made directly to that organization.**

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Part 1: Organization and Contracting Authority

\* District/Organization/System name

Branch, if applicable

\* Mailing address

\* City

\* State

\* Zip code

\* Statewide Vendor number (please do not use dashes)

\* DUNS number

\* Tax ID number

\* Washington State Legislative District

\* Federal Legislative District

Date of last award from Washington State Library

Please include contract number, eg: 18-88-22 or G-6182

\* Contracting Authority name

(Party authorized by the organization to accept federal funding.)

\* Title

\* Email

\* Telephone (xxx-xxx-xxxx)

\* 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.
- You understand that any funds obtained with this application may not be used in place of local funds.

Part 2: Event Information

**Who is eligible?**

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

**Which events are eligible?**

**Events that support one of WSL's goals and LSTA priorities. (See part 3.) These can include professional conferences and pre-conferences as well as workshops or seminars. These must lead directly to the development and delivery of programs and services to your patrons.**

**Allowable costs:**

- **Event registration**
- **Lodging: *Lodging rates (before tax) cannot exceed: a) the federal per diem rates for the event location; or b) up to 25% over per diem rates if there are no government rates available at the location.***
- **Travel: *Air, mileage in private vehicles, parking, taxis, shuttles, etc.***
- **Indirect costs: *Federally negotiated or as defined by IMLS: [www.imls.gov/applicants/indirect\\_cost.aspx](http://www.imls.gov/applicants/indirect_cost.aspx). Please include a copy of your agreement.***

**The following are not allowed as part of grant funding:**

- **Attendance at professional meetings.**
- **Booking fees that are charged by travel brokers.**
- **Amenity fees that are charged by hotels.**
- **Food or meals.**
- **Events requiring out of country travel.**

\* Event name

\* Start Date

Date / Time

\* End Date

Date / Time

MM/DD/YYYY

\* Location

\* Website

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Part 3: Budget Information

**All allowable expenses should be included in each line item.  
If there's more than one attendee, please provide the total cost for all attendees.  
Please explain any details as necessary.**

**\* Registration costs**

Total Conference costs for ALL attendees

Total Pre-conference costs for ALL attendees

Total Workshop/seminar costs for ALL attendees

**\* Travel**

WSL will calculate mileage at current authorized rate.

Total airfare for ALL attendees

Total miles driven for ALL attendees

Total parking costs for ALL attendees

Total taxi or shuttle costs for ALL attendees

Total train costs for ALL attendees

Total public transit costs for ALL attendees

**\* Lodging**

Total number of nights for ALL attendees

Cost per night (for single reservation)

**Substitute**

This is only for teacher-librarians working in a k-12 school.

Total cost for ALL substitutes

Explain in detail number of substitutes and days needed:

Indirect costs: Federally negotiated rate - documentation required

Attach documentation

Choose File

No file chosen

Travel Details and Comments

*Please include any special circumstances, unique requests or explanations you would like us to consider.*

\* Total grant award requested:

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Part 4: Attendee Information

**If multiple staff are attending the same event for the same purpose, submit one application. If multiple staff are attending for distinct reasons, please submit separate applications, which will be reviewed independently. In either case, each person attending is responsible for completing the required reports.**

\* Number of Attendee (s)

\* Attendee Library (branch/es)

\* Attendee name(s)

\* Attendee title(s)

\* Attendee email(s)

\* 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 the attendee(s) do(es) in the library?

\* What is the expected benefit to your customers?

\* Tell us about your learning outcomes:

1. *What do you expect to know by the end of the event?*
2. *How do you think your understanding may change?*
3. *How do you plan to apply this?*

Is the attendee presenting at the conference? Please give full details.

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Signature page

**Please send a printed copy of this page with *original* signatures to:**

**WSL Grants  
PO Box 42460  
Olympia, WA 98504-2460**

**The Contracting Authority and each attendee must sign. If there are more than three attendees, please make a copy to include their information.**

\* Event name

\* Contracting Authority

Signing this shows that you have reviewed and agree with all the parts included in this application.

Name

Title

Signature

\* Attendee signature (first)

Signing this shows you have reviewed part three in this application, agree to attend as indicated, and submit both the written and visual reports required.

Name

Title

Signature

Attendee signature (second)

Signing this shows you have reviewed part three in this application, agree to attend as indicated, and submit both the written and visual reports required.

Name

Title

Signature

Attendee signature (third)

Signing this shows you have reviewed part three in this application, agree to attend as indicated, and submit both the written and visual reports required.

Name	<input type="text"/>
Title	<input type="text"/>
Signature	<input type="text"/>