

Washington State Library Continuing Education (CE) Grant

Individual CE Grant

This application is for individual staff from Washington libraries seeking financial assistance to participate in training, workshops or conferences. Such individuals may be eligible to receive **reimbursement** for up to 75% the total cost of attending CE events, not to exceed \$750 per event and with a limit of \$1,000 per individual in a calendar year. Funding for WSL CE grants has been allocated from the State Library's federal Library Services & Technology Act (LSTA) award.

Please mail this application, **completed in full with original signatures** (applicant and sponsor) **and one copy** to the address below. ALL applications must be *postmarked at least 30 days prior to the start date of the CE event*; faxed or emailed applications cannot be accepted. Please retain a copy for your records.

CE Grant Program
 Washington State Library
 PO Box 42460
 Olympia, WA 98504

Additional information regarding the CE Grant application process, including information about allowable expenses and documentation required for payment of claims can be found at the State Library's Web site at <http://www.secstate.wa.gov/quicklinks/CE-Forms> or by contacting Leanna Hammond at 360.704.7133, leanna.hammond@sos.wa.gov or Jennifer Fenton at 360.570.5571, jennifer.fenton@sos.wa.gov.

Section I: Grantee Information

Name:		Title:	
Mailing Address:			
City:	State:	Zip:	
Business Telephone:	ext.	Evening Telephone:	
E-mail:			
Library:			
Library Street Address (If different from above):			
City:		Zip+4:	
Which address we should use for correspondence (including reimbursement check)? <input type="checkbox"/> Home <input type="checkbox"/> Library/Business			

Section II: Continuing Education (CE) Event Information

C.E. Event: (If attending pre-conference(s) in addition to a main conference, you must list each individually.)	
Event Location:	
Training website if available: If not available, please attach training flyer.	
Event Dates:	Total Amount of Grant Requested:

Section III: CE Event Budget

State per diem rates for lodging and mileage are determined by the WA Office of Financial Management (<http://www.ofm.wa.gov/resources/travel/colormap.pdf>); grantees should request government rates when making reservations. Out-of-state rates are established by the US Office of General Administration (www.gsa.gov/perdiem). Please refer to the CE Grant Claim Instructions sent to you with your award letter for complete information on allowable expenses and acceptable documentation. A copy may also be found at <http://www.secstate.wa.gov/quicklinks/CE-Forms>.

Individuals are limited to a maximum of \$1,000 per calendar year in CE funds (\$750 in any single grant). This amount is based on the amount actually reimbursed, not the amount budgeted or claimed.

	Grantee Contribution	CE Grant Request	Total Budgeted	
Travel (air, mileage, parking, taxis, shuttles, etc)	\$ _____	+	\$ _____ =	\$ _____
Lodging (room + tax at either Conf. or Gov. rate) Check-in date: ____ Check-out date: ____ If Conf. rate, that is: _____	\$ _____	+	\$ _____ =	\$ _____
Registration: Conference \$: _____ Pre-conference \$: ____ Other \$: _____	\$ _____	+	\$ _____ =	\$ _____
Substitute* *Waiver required to be signed by sponsor.	\$ _____	+	\$ _____ =	\$ _____
Required workbook or textbook materials	\$ _____	+	\$ _____ =	\$ _____
Totals	\$ _____		\$ _____	\$ _____

Minimum grantee contribution (match) is 25%. Contribution can be from personal or organizational funds, or a combination of the two.

Maximum reimbursement is 75% of your actual documented expenditures claimed, not to exceed the amount awarded.

Section IV: Please indicate the LSTA priority(s) your CE event will impact by checking one or more of the boxes below. (Attendance at a training or conference must have a benefit to the library's end users.)

Attendance at this CE event will support my ability to:

- 1. Expand services for learning and access to information and educational resources in a variety of formats
- 2. Develop library services that provide all users access to information through local, state, regional, national, and international electronic networks
- 3. Advance the delivery of library and information services by enhancing skills needed to be an effective member of the current library workforce or leadership
- 4. Provide electronic and other linkages between mine and other libraries
- 5. Develop public and private partnerships with other agencies and community-based organizations
- 6. Target library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, to individuals with disabilities, and to individuals with limited functional literacy or information skills
- 7. Target library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children from families with incomes below the poverty line.

OBJECTIVES:

How will your participation in this CE event address each of the LSTA priority(s) you indicated above?
Please provide a brief explanation for each priority, indicating the priority you're addressing by its assigned number. For conference attendees, this may include examples of the conference programs you plan to attend and their potential impact on service for your customers. (If attending pre-conference(s) in addition to a main conference, you must list each individually.)

You will be asked for a written evaluation of the CE event to accompany your claim; information on what should be addressed in this evaluation is presented on the CE Grant Claim Form.

Payment of grant funds is contingent upon your continuous employment by the sponsoring organization for at least 10 hours per week throughout the entire term of the grant (from application to claim payment).

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.

Applicant Signature:

Date:

Section V: Applicant's Sponsor Information:

Name:	Title:
Organization Name:	
Mailing Address:	
City:	Zip:
Email:	Business Phone: ext.
In addition to the benefits described by the applicant, do you foresee any additional advantages to your organization from their participation in the CE Event?	
Will the applicant be employed or utilized by this organization for 10 or more hours per week throughout the entire grant period (from application to claim payment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant be given time off to attend the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sponsor understand that any funds applied for with this application may not be used in place of local funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substitutes: I hereby certify that a substitute is required in the absence of this applicant in order to keep the library open. The library cannot fund a substitute and therefore the applicant is required to pay for a substitute in his/her absence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reviewed the LSTA priority(s) indicated by the applicant and agree that this event supports those?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that this training will provide the applicant with skills and knowledge that will lead to enhanced delivery of services to the library customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your reviewed the applicant's budget and understand that this grant will be paid directly to the individual (NOT the organization) requesting it, who is then responsible for any reimbursement to the sponsoring organization (s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Sponsor	Date