

Washington State Library Continuing Education (CE) Grant

Organizational CE Grant for Outside Training

This application is for Washington libraries and library organizations seeking financial assistance to fund multiple staff members' attendance at the same CE event. Such organizations may be eligible to receive grants for reimbursement of up to 75% the cost of sending staff to outside training, not to exceed \$3,000 per Organizational Grant (either Outside Training or In-House Training) per calendar year. Funding for WSL CE grants has been allocated from the State Library's federal Library Services and 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 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: Organization Information			
Name of Organization:			
Mailing Address:			
City:	Zip:	Business Telephone:	ext.
Statewide Vendor Number*:			
Section II: Event Coordinator Information (to be completed by the individual applying for the grant on behalf of the organization)			
Name:			
Title:			
Email:			
Business Telephone:	ext.	Business Fax:	
Section III: CE Event Information			
C.E. Event: (If attending pre-conference(s) in addition to a main conference, you must list each individually.)			
Training website if available: If not available, please attach training flyer.			
Event Dates:		Total Amount of Grant Requested:	

**Required by OFM for payment. If you don't have a Statewide Vendor Number, we will provide you with necessary forms with your award letter.*

Section IV: 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>.

Awards are limited to no more than \$3000 per calendar year in Organizational CE funds. 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.)	\$ _____	+ \$ _____	= \$ _____	Since CE grants require at least a 25% match by the grantee (combination of personal and organizational funds) the amount requested cannot be more than 75% of your total budgeted expenses for the CE event, not to exceed \$3,000. When submitting your claim after the CE event, you cannot receive reimbursement for more than 75% of your actual documented expenditures, not to exceed the amount awarded.
Lodging (room + tax at either Conf. or Gov. rate) _Number of nights: _____	\$ _____	+ \$ _____	= \$ _____	
Registration: Conference \$: _____ Pre-conference/workshop \$: _____	\$ _____	+ \$ _____	= \$ _____	
Required workbooks or textbooks for training	\$ _____	+ \$ _____	= \$ _____	
Totals	\$ _____	\$ _____	\$ _____	

Section V: Library Director, Board Member, or Organization Chair Approval (this section cannot be completed by anyone covered under this grant)

Name:	Title:
Business Telephone:	Business Email:
Will the employees covered by this grant 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 these employees be given time off to attend the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reviewed the LSTA priority(s) indicated by each employee and agree that this event supports those?	<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
Signature of Sponsor	Date

Section VI: Employee Information (This section must be completed by each employee covered by the grant; reproduce as needed.)

Name:	Title:
Work Email:	Branch Name:

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
- 6. 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.

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. **Please print clearly or type.**

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.

Employee Signature:	Date:
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