



August 16, 2019

Hilary Keith, City Librarian
Santa Clara City Library
2635 Homestead Road
Santa Clara, CA 95051-5322

hkeith@santaclaraca.gov

Dear Ms. Keith:

We're happy to provide funds for the fiscal year that began July 1, 2019 to support your California Library Literacy Services program and the important work you, your staff and volunteers do in your community.

The recently signed state budget continues California Library Literacy Services funding at \$4.82 million and \$2.5 million for family literacy.

At this time, we're providing the \$18,000 baseline amount for your program. The remainder will be sent in the fall after a review of the Final Report you submit to us in September.

There are three parts to the library's [funding formula](#):

1. A *baseline* amount (\$18,000) for each approved literacy program to provide libraries with the funding needed to deliver a minimum level of local literacy staffing and services;
2. A *per capita* amount per adult learner served in the previous year; and
3. A *match* on local funds raised and expended for adult literacy services—reflecting a commitment to a continuing state/local partnership and providing an incentive for increased local support for adult literacy.
 - Your funds must be encumbered by June 30, 2020, and fully expended in accordance with your approved budget by December 31, 2020. Encumbered funds are those that have been deposited in the awardee's accounting system and for which a budget has been provided to and approved by the State Library.
 - Please refer to the new California Library Literacy Services allowable and unallowable costs document to guide your program expenditures and please get in touch with us if you have any questions.
 - We encourage you and your colleagues to participate in the library literacy training opportunities that will be made available by the State Library and regional networks.

The following specific issues or observations are being made about your application:

None

The payment process begins once we receive your signed Claim & Certification Forms (attached). Please direct any questions to Andrea Freeland @ 916.651.3191 and/or andrea.freeland@library.ca.gov.

NOTE: Both forms must be completed, signed with original signatures and mailed to Fiscal Office in order to be processed for payment.

Thank you for your willingness to do so much for so many people in need.

Respectfully yours,

Greg Lucas
California State Librarian

cc: Shanti Bhaskaran, Literacy Coordinator (via email: sbhaskaran@santaclaraca.gov)
File

Enc.: Claim Form & Certification

PLEASE COMPLETE AND RETURN THIS PAGE

Claim Form**State of California
California Library Literacy and English Acquisition Services (CLLS)****California Education Code; Section 18880-18883
Budget Citation Chapter 23 - Budget Item 6120-213-0001**

Fiscal Year: 2019-2020		
Reporting Structure: 61202000	COA: 5432000;	Approp. Ref: 213
Purchasing Authority Number: CSL-6120	Category: 84121600	Program #: 5312

FOR PAYMENT OF CALIFORNIA LIBRARY LITERACY SERVICES GRANTAmount Claimed – First Installment - \$ **18,000****Santa Clara City Library - 2635 Homestead Road Santa Clara, CA 95051-5322**

claims the indicated allowance for the purposes of carrying out the functions stated in its CLLS application and in Sections 18880-18883 of the California Education Code.

Warrant to be issued for payment to the library to be addressed to:

***Santa Clara City Library - 2635 Homestead Road Santa Clara, CA 95051-5322**

(Authorized agency to receive, disburse and account for CLLS funds)

I hereby certify under penalty of perjury: that the library named above shall use their allowance solely for the purposes indicated in their CLLS application and in Sections 18880-18883 of the California Education Code.

Official Representative or Fiscal Agent (Signature Required)_____
Title

MAIL ONE ORIGINAL SIGNATURE TO:
**California State Library
Fiscal Office – CLLS
P. O. Box 942837
Sacramento, CA 94237-0001**

State Library Local Assistance Office Use Only

STATE OF CALIFORNIA, State Library Fiscal Office

By _____
State Library Representative*Approval by State:*

CLLS \$ _____

Date: _____

*The warrant address must match that on file in Fi\$Cal. If you need to change the authorized library name and/or address, please contact Colette Moody, CSL Fiscal Office.
(Colette.Moody@library.ca.gov)

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CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that the claim is in all respects true, correct and in accordance with law and the terms of the agreement; and that payment has not previously been received for the amount claimed herein.

The claims the indicated allowance for the purposes of carrying out the functions stated in its CLLS application and in Sections 18880-18883 of the California Education Code.

Santa Clara City Library

SIGNED

DATE

Signature - Authorized representative

Typed/Printed Name and Title of Authorized Representative

Email address of authorized representative

MAIL ONE ORIGINAL SIGNATURE TO:
California State Library
Fiscal Office – CLLS
P. O. Box 942837
Sacramento, CA 94237-0001