CALIFORNIA STATE LIBRARY

California Library Literacy & English Acquisition Services Program

FINANCIAL CLAIM
1st PAYMENT

Grant Award #:	CLLS22-68	**Date:**	
Invoice #:	CLLS22-68-01	**PO #:**	
Payee Name:	City of Riverside Public Library (Legal name of authorized agency to receive, disburse and account for funds*)		
Complete Address:	Street Address, City, State, Zip Code (Warrant will be mailed to this address)		
Amount Claimed:	$49,731 Payable Upon Execution of Agreement	**Type of Payment:**	☒ PROGRESS
Grantee Name:	Riverside Public Library (Name on Award Letter and Agreement)		☐ FINAL ☐ IN FULL
Project Title:	California Library Literacy & English Acquisition Services Program		☐ AUGMENT
	For Period From: upon execution to end of grant period		

CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that this 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.

By

_____
(Signature of the Authorized Representative)

_____ _____
(Print Name) (Title)

*Legal payee name must match the payee's federal tax return. Warrant will be made payable to payee name. Payee discrepancies in name and/or address may cause delay in payment. If you need to change payee name and/or address, please contact Fiscal Services at stategrants.fiscal@library.ca.gov.

If you are not using DocuSign electronic signature to submit your claim, please complete the following:

EMAIL A SCANNED COPY:
stategrants.fiscal@library.ca.gov

MAIL ONE ORIGINAL SIGNATURE TO:
California State Library
Fiscal Office –State Grants
PO Box 942837
Sacramento, CA 94237-0001

State of California, State Library Fiscal Office

ENY: 2022
PURCHASING AUTHORITY NUMBER: CSL-6120
COA: 5432000

ITEM NO: 6120-213-0001, Chapter 43, Statutes of 2022
REPORTING STRUCTURE: 61202000
PROGRAM #: 5312

By _____ Date _____
(State Library Representative)