



December 5, 2016

Tonya Kennon, Library Director
Riverside Public Library
3581 Mission Inn Ave.
Riverside, CA 92501

Dear Ms. Kennon: *Tonya*

I'm pleased to enclose a claim form for the remainder of your California Library Literacy Services funding for the 2016-2017 fiscal year.

This **final, second payment** of your total allocation for the fiscal year that began July 9, 2016 is based on:

- A *per capita* amount per adult learner served at your library during the previous fiscal year.
- A *match* on local funds raised and expended for adult literacy services at your library during the fiscal year that ended June 30, 2016.

Earlier this year you received a baseline for your literacy program. The baseline reflects the importance of each library having enough funds to provide local literacy staffing and service.

Below is a re-cap of your total California Library Literacy Services funding for the current program year:

Baseline Adult Literacy Services:	\$18,000 (amount previously claimed)
Final Payment (Per Capita & Match):	\$8,010 (amount to be claimed now)
GRAND TOTAL FOR 2016/17:	\$26,010

Changes in your funding from last year are based on an increase or decrease in the number of adult learners you served, and/or an increase or decrease in the amount of local funds expended on adult literacy last year.

We'll initiate the payment process upon receipt of your signed claim form, which is attached. This final payment will be processed after all reporting requirements from the prior fiscal year have been received, all adjustments made and unexpended monies returned.

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

Your report showed no community partners for your program. In next year's report we will be looking to see who you are partnering with and encourage you to at least have an adult education partner that you can work with to both get and make referrals based on the needs of the learner.

Please mail the signed claim form to: **California State Library
Fiscal/Local Assistance
P.O. Box 942837
Sacramento, CA 94237-0001**

The attached form requires your signature and serves two purposes:

1. Certifies that your library will use the funds for the purpose intended; and
2. Requests to claim the funds and have a check sent to you

In January, you'll be asked to revise your literacy budget for the 2016-2017 fiscal year utilizing the actual total allotment from the State Library shown in this award letter. The budget that you submitted with your application earlier this year was based on projections. Your revised budget should reflect updated information and more accurate figures than you had at the time of application.

You'll be asked to report electronically after the close of the fiscal year. Library literacy services staff will provide more details on this process. If you need a copy of your most recent final report and/or application, please contact Andrea Freeland at andrea.freeland@library.ca.gov.

PLEASE REMEMBER THAT ALL STATE FUNDS MUST BE EXPENDED OR ENCUMBERED BY JUNE 30, 2016 OR RETURNED TO THE STATE.

Should you have additional questions regarding the new funding and/or reporting process, please contact:

Lisa Dale (916) 653-7743 or lisa.dale@library.ca.gov
Andrea Freeland (916) 651-3191 or andrea.freeland@library.ca.gov

Thanks again for your commitment to literacy. It's one of the most transformative and successful things libraries do.

Respectfully yours,


Greg Lucas
California State Librarian

cc: Jenna Pontious, Literacy Coordinator (via email: jpontious@riversideca.gov)
Tonya Kennon, Library Director (via email: tkennon@riversideca.gov)

Enc.: Claim Form

State of California
California Library Literacy and English Acquisition Services Program (CLLS)

California Education Code; Section 18880-18883
 Budget Citation Chapter 23 – Budget Item 6120-213-0001

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

FY 2016/17 Amount Claimed – 2nd Payment - \$ 8,010

The **Riverside Public Library** 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.

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.

 Library Director (Signature)

 Typed Name of Signatory

CLAIM FOR PAYMENT OF GRANT

Claim of **Riverside Public Library**

 Name of Authorized Library

Address **3581 Mission Inn Ave., Riverside CA 92501-2501**

CERTIFICATION

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

By _____

 Official Representative or Fiscal Agent (Signature Required)

 Title

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

City of Riverside

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

* **City of Riverside Public Library, Account Clerk, PO Box 468, Riverside, CA 92502-0468**

 (Address of above agency)

Approval by State:

Mail to: California State

Library, Fiscal/Local

Assistance P.O. Box 942837

Sacramento, CA 94237-0001

State Library Local Assistance Office Use Only

California Library Literacy Services \$ _____

BY: _____ DATE: _____