

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: 2020-2021		
Reporting Structure: 61202000	COA: 5432000;	Approp. Ref: 213
Purchasing Authority Number: CSL-6120	Category: 84121600	Program #: 5312

FOR PAYMENT OF CALIFORNIA LIBRARY LITERACY SERVICES GRANT**Amount Claimed – \$55,824**

\$28,824 for ALS (90% of award) and \$27,000 for FLS (90% of award)

City of 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.

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

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

(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

EMAIL A COPY OF YOUR EXECUTED
CLAIM AND CERTIFICATION TO:

Nicole.Bravin@library.ca.gov**Email Subject:**

Claim and Certification – CLLS Grant -
Library invoice number

ANDMAIL 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 Nicole Bravin, CSL Fiscal Office.
(nicole.bravin@library.ca.gov)