



August 15, 2018

Yolande Wilburn, Acting County Librarian  
Nevada County Library  
980 Helling Way  
Nevada City, CA 95959-8619

[yolande.wilburn@co.nevada.ca.us](mailto:yolande.wilburn@co.nevada.ca.us)

Dear Ms. Wilburn: *Yolande*

We're happy to provide funds for the fiscal year that began July 1, 2018 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 adds \$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.

The payment process begins once we receive your signed Claim Form (attached). Please direct any questions to: Andrea Freeland @ 916.651.3191 and/or [andrea.freeland@library.ca.gov](mailto:andrea.freeland@library.ca.gov).

**NOTE:** All claims must be completed and signed in both places and all claims must be mailed to Fiscal Office – must have original signatures to process claims.

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

Respectfully yours,

*Still acting?*  
Greg Lucas  
California State Librarian

cc: Joseph Warrillow, Literacy Coordinator (via email: [joseph.warrillow@co.nevada.ca.us](mailto:joseph.warrillow@co.nevada.ca.us))

File

Enc.: Claim Form

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

California Education Code; Section 18880-18883  
Budget Citation Chapter 29 - Budget Item 6120-213-0001

<b>Fiscal Year: 2018-2019</b>		
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 – First Installment - **\$ 18,000**

**Nevada County 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:*

**\*Nevada County Library, 980 Helling Way, Nevada City, CA 95959-8619**

(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)

**PLEASE COMPLETE AND RETURN THIS PAGE**

**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.

**Nevada County Library**

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**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**