

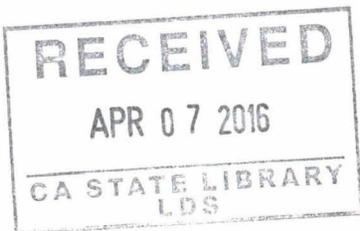
**CALIFORNIA STATE LIBRARY  
 FISCAL YEAR 2016-2017  
 LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)  
 PUBLIC LIBRARY STAFF EDUCATION PROGRAM (PLSEP) GRANT APPLICATION**

P.01 / C1  
 (continuing)

**ELEMENT 1: BASIC INFORMATION (please see application instructions for additional information)**

**Applicant Information**

- |   |                                 |              |              |            |                                   |          |    |       |   |
|---|---------------------------------|--------------|--------------|------------|-----------------------------------|----------|----|-------|---|
| <p>1. <b>Library/Organization</b><br/>49-99 Cooperative Library System</p> <p>3. <b>Project Coordinator Name &amp; Title</b><br/>Diane Satchwell, Executive Director</p> <p>5. <b>Business Phone Number</b><br/>626-283-5949</p> <p>6. <b>Mailing Address</b></p> <table border="0"> <tr> <td><b>PO Box or Street Address</b></td> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>248 E. Foothill Blvd., Suite #101</td> <td>Monrovia</td> <td>CA</td> <td>91016</td> </tr> </table> | <b>PO Box or Street Address</b> | <b>City</b>  | <b>State</b> | <b>Zip</b> | 248 E. Foothill Blvd., Suite #101 | Monrovia | CA | 91016 | <p>2. <b>Library's DUNS Number</b><br/>62-025-2098</p> <p>4. <b>Email Address</b><br/>dsatchwell@socallibraries.org</p> |
| <b>PO Box or Street Address</b>   | <b>City</b>                     | <b>State</b> | <b>Zip</b>   |            |                                   |          |    |       |   |
| 248 E. Foothill Blvd., Suite #101   | Monrovia                        | CA           | 91016        |            |                                   |          |    |       |   |



**Project Information**

7. **Project Title** Public Library Staff Education Program (PLSEP)
8. **LSTA Funds Requested** \$5,500
9. **Cash Contributions** \$0
10. **In-Kind** \$0
11. **Total Project Cost** \$5,500
12. **California's LSTA Goals** (Check one goal that best describes the project)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Literate California                        | <input type="checkbox"/> Content Creation/Preservation | <input type="checkbox"/> Community Connections           |
| <input checked="" type="checkbox"/> 21 <sup>st</sup> Century Skills | <input type="checkbox"/> Bridging the Digital Divide   | <input type="checkbox"/> Ensuring Library Access for All |
| <input type="checkbox"/> 22 <sup>nd</sup> Century Tools             | <input type="checkbox"/> Information Connections       |  |
13. **Number of persons served** (Number of persons who use or will benefit directly from this project) 1
14. **Primary Audience for project** (Select all that apply.)
- |   |   |
|---|---|
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Pre-School Children    |
| <input type="checkbox"/> Families   | <input type="checkbox"/> Rural Populations      |
| <input type="checkbox"/> Immigrants/Refugees                                  | <input type="checkbox"/> School Age Children    |
| <input type="checkbox"/> Intergenerational Groups (Excluding Families)        | <input type="checkbox"/> Senior Citizens        |
| <input checked="" type="checkbox"/> Library Staff, Volunteers and/or Trustees | <input type="checkbox"/> Statewide Public       |
| <input type="checkbox"/> Low Income   | <input type="checkbox"/> Suburban Populations   |
| <input type="checkbox"/> Non/Limited English Speaking Persons                 | <input type="checkbox"/> Unemployed             |
| <input type="checkbox"/> People with Disabilities                             | <input type="checkbox"/> Urban Populations      |
| <input type="checkbox"/> People with Limited Functional Literacy              | <input type="checkbox"/> Young Adults and Teens |
15. **This signature certifies that I have read and support this LSTA Grant Application.**

**Library Director Name:** Diane Satchwell **Title:** Executive Director

**Mailing Address** (if different from above) \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Library Director Signature:** Diane R. Satchwell **Date:** 6 April 2016

**ELEMENT 2: LIBRARY EMPLOYEES SEEKING TUITION REIMBURSEMENT**

Name		Library/Jurisdiction	Amount Requested
1.	Lauren Hall	Stanislaus County Free Library	\$5,000
2.			\$0
3.			\$0
4.			\$0
5.			\$0
6.			\$0
7.			\$0
8.			\$0
9.			\$0
10.			\$0
11.			\$0
12.			\$0
13.			\$0
14.			\$0
15.			\$0
16.			\$0
17.			\$0
18.			\$0
19.			\$0
20.			\$0
21.			\$0
22.			\$0
23.			\$0
24.			\$0
25.			\$0
26.			\$0
27.			\$0
28.			\$0
29.			\$0
30.			\$0
31.			\$0
		<b>Subtotal</b>	<b>\$5,000</b>
		<b>Indirect (up to 10%)</b>	\$500
		<b>Grant Total</b>	<b>\$5,500</b>