

# California Library Literacy Services Certification

**California State Library**  
Fiscal Office  
P.O. Box 942837  
Sacramento, CA 94237-0001

**Library/Agency:** \_\_\_\_\_

## Certification

I affirm that all information provided to the California State Library for review in association with this award is correct and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative

\_\_\_\_\_  
Type or print name and title, of authorized representative

\_\_\_\_\_  
Legal name of local grantee

\_\_\_\_\_  
Street address of named grantee

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone of authorized representative

\_\_\_\_\_  
Coordinator/Director of program if different

\_\_\_\_\_  
Telephone