

LSTA Forms – 2019-2020 Grant Round

The following forms are for use during the LSTA application and project period.

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LSTA GRANT PARTNERSHIP STATEMENT

1. Project Title
2. Name of Applicant Library
3. Partner Organization. Please include: name of organization, address and telephone number for organization, and name/ email of primary contact for the organization.
4. Indicate Partner's key roles and responsibilities in the project:
5. List partner's financial responsibility (Check one box only) <input type="checkbox"/> Cash Match funds. A commitment of actual funds in the form of a contribution toward the project's expenses <input type="checkbox"/> In-kind Services: Donated personnel, training space, transportation, supplies, materials, printing, or other needed items to be used toward the project's expenses <input type="checkbox"/> Not applicable
6. The undersigned Partner organization agrees to the following: (Please read and check all boxes) <input type="checkbox"/> We will carry out the activities described above and in the application narrative <input type="checkbox"/> We will use any federal funds we receive from Applicant organization in accordance with applicable Federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award <input type="checkbox"/> We assure that our facilities and programs comply with the applicable Federal requirements and laws as set forth in the program guidelines

Signature of Partner's Authorized Representative

Date

Name and Title of Partner's Authorized Representative

LSTA Sub-Grants Salary and Wage Reimbursement

General Guidelines

The following information applies whether the employee works solely or partially on the LSTA grant project. LSTA can only pay for employee time worked in addition to regular hours or for temporary employees, solely on the LSTA project. Requests for reimbursement for salaries, wages or benefits accrued while working on an LSTA grant project **require** two supporting documents:

1. Timesheets, and
2. Proof of compensation.

Requests for reimbursement for salaries, wages, or benefits that do not provided supporting documentation **will not** be approved.

Timesheet

You may use a timesheet from your agency, organization, or library; or you may use the example on the following page. An Excel version of the timesheet is also available.

All timesheets **must** include the following information:

1. Dates of the week and month
2. Actual hours worked per day on the LSTA project
3. Actual total hours worked per week on the LSTA project
4. Actual total hours worked for the pay period on the LSTA project
5. Printed name and signature of the employee who worked
6. Printed name and signature of the employee's supervisor
7. Supervisor must have first-hand knowledge of work performed by employee
8. There **must** be a separate timesheet completed for each employee for whom funds are being requested

Proof of Compensation and Distribution

These records demonstrate that the employee was actually compensated for work on the LSTA grant project. The Payroll Department for your agency, organization or library should be able to generate the reports that are required.

Payroll documents that are in accordance with generally accepted accounting practice of your institution and are approved by a responsible official of your institution may be used for this purpose.

Payroll Documents **must**:

1. Reflect an after-the-fact distribution of the actual activity of each employee
2. Account for the total activity for which each employee is compensated
3. Be prepared at least monthly and must coincide with one or more pay periods
4. Represent actual costs
5. Be confirmed by responsible persons with suitable means of verification that the work was performed. Confirmation by the employee is not a requirement if other responsible persons make appropriate confirmations.

*Please do not include personally identifiable information of employees on timesheets or proof of compensation documents.

Sample Timesheet

Date
Project Title
Name of Applicant Library
Employee's Name
Employee's Hourly Wage

Pay Week Dates	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Hours Worked per Week
Total Hours Worked								
Hourly Wage								\$
Total Wages								\$

I certify that the hours listed above are an accurate account of the hours I worked on the LSTA project.

Employee's Name (Printed)
Employee's Signature

I certify that the information above is an accurate account of the hours worked by the employee.

Supervisor's Name (Printed)
Supervisor's Signature

LSTA Request for Advancement of Funds

A library with an approved grant project may request advanced funds to off-set initial or start-up costs for a grant project. Rules and requirements regarding expenditure of LSTA funds are applied equally to advanced funds. Financial documentation of the expenditure of advanced funds is required. Failure to supply required financial documentation may limit the library's eligibility for future LSTA grants. **Advanced funds must be spent within 30 days of receipt by applicant library.**

Project Title	
Name of Applicant Library	
Mailing Address	
City	
Zip Code	
Project Director Name	
Phone	
Fax	
Email	
Project Fiscal Officer Name	
Phone	
Fax	
Email	
Total LSTA Funds Approved for the Project	\$
Amount of Advanced Funding Requested	\$

Please send the completed form via email, fax, or mail to:

Grants Coordinator
Utah State Library Division
250 N 1950 West, Suite A
Salt Lake City, UT 84116
rcook@utah.gov
Fax 801-715-6767

FOR STATE LIBRARY USE ONLY
CONTRACT #:
APPROVED BY:
DATE:

LSTA Request for Reimbursement of Expenditures

A library with an approved grant project may request reimbursement for expended funds as part of a grant project. Financial documentation for the expended funds is required for reimbursement. For information on required documentation, see the document *LSTA Grant Administrative Guidelines*. Failure to supply required financial documentation may limit the library's eligibility for future LSTA grants

Project Title	
Name of Applicant Library	
Mailing Address	
City	
Zip Code	
Project Director Name	
Phone	
Fax	
Email	
Project Fiscal Officer Name	
Phone	
Fax	
Email	
Total LSTA Funds Approved for the Project	\$
Amount of Reimbursement Requested	\$

Please send the completed form via email, fax, or mail to:

Grants Coordinator
Utah State Library Division
250 N 1950 West, Suite A
Salt Lake City, UT 84116
rcook@utah.gov
Fax: 801-715-6767

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