

**Library Grant 2002-2003  
Letter of Agreement**

between ESD and \_\_\_\_\_  
Center

\_\_\_\_\_ Center agrees to participate in the 2002-2003 Library Grant. The aforementioned Center agrees to carry out the following responsibilities:

- 1) Planning, publicizing and hosting two family events to promote literacy and awareness of library resources.
  - One storytelling event will take place at the Center
  - The second event will involve a tour of the local branch library.
- 2) The Center agrees to ensure that these events are publicized to all families and that appropriate arrangements are made to provide needed transportation, interpretation, food, childcare, etc. so that all interested families may participate.
- 3) The Center agrees to survey the families, using the provided tool, after the 2nd event so as to evaluate the effectiveness of the grant activities.

**Puget Sound ESD responsibilities:**

- 1) To assist the Center with planning and procurement of interpreter services
- 2) To provide any technical assistance or consultation as requested
- 3) To provide samples of publicity materials (such as newsletter blurbs and event flyers & a survey to be administered after completion of the 2 required family events
- 4) To reimburse the following grant-related expenses up to a total of \$540: food, transportation, interpretation, costs of photocopies, craft supplies, staff costs for telephoning, logistics, etc.

**A Note about Reimbursement:**

- 1) Any activities or purchases that will exceed the \$540 total center allocation MUST be pre-approved by telephone call or email to:
  - ECEAP: Candace McKenzie 206/439-6906 x 3903 or [cmckenzie@psed.wednet.edu](mailto:cmckenzie@psed.wednet.edu)
  - Head Start: Mary Fickes 206/439-6910 x 4004, [mfickes@psed.wednet.edu](mailto:mfickes@psed.wednet.edu)
- 2) Invoices must be submitted with the provided "Authorization to Pay" form and receipts attached. All claims must be received by 7/31/03 in order to be honored.

I agree to the above terms:

\_\_\_\_\_  
Center Director or other authorized staff Date

\_\_\_\_\_  
PSESD Date