



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

GRETCHEN WHITMER  
GOVERNOR

MICHAEL F. RICE, Ph.D.  
STATE SUPERINTENDENT

Continuing Education Agreement Form

I, \_\_\_\_\_, agree to the following terms:  
Applicant Name

- I shall not receive more than the funds requested.
- I will provide the following to the Library of Michigan within 30 days of the end of the event I attend:
  - The Continuing Education Program Completion Form;
  - A copy of my presentation or article that I shared with colleagues in electronic format;
  - A copy of the event agenda in electronic format
- I understand my library or institution will receive the stipend funds from the Library of Michigan for the final approved amount and the funds will be distributed through the Library of Michigan.
- Stipends may be revoked if documentation is NOT submitted in an appropriate time frame.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Library Director, Dean or School Principal Signature

\_\_\_\_\_  
Date

Return this form in PDF format in the online application system. The link to return to your application to upload reports is at <https://www.michigan.gov/cestipend>.

**NOTE to Employers:** Funds are considered a stipend for the article or presentation provided by the employee to the Library of Michigan. Those funds not recouped by the employer for employer paid costs are expected to be passed through to the employee. If any the remaining funds are not paid to the employee, the employer should return the remainder to the Library of Michigan.

For K-12 school recipients accounting offices:

- Funds are CFDA 45.310, state revenue suffix code 0000, major code 414, grant code 879

**LIBRARY OF MICHIGAN**

Name  
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Date