



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

**Library of Michigan
Library Staff Continuing Education Agreement Form**

I, _____, agree to the following terms:
Applicant Name

- I will not receive more than the funds requested.
- I will provide the following to the Library of Michigan within 30 days after the end of the event I attend:
 - The Continuing Education Program Completion Report;
 - A PDF copy of my presentation or article that I shared with colleagues;
 - A PDF copy of the event agenda;
 - A PDF copy of the event registration receipt IF the event is virtual.
- I understand my library or institution will receive the final approved stipend amount from the Library of Michigan to distribute to me.
- I understand that the stipend may be revoked if the agreement is more than 30 days late or the completion form is more than 60 days late.
- I understand all documentation is to be submitted in the online application system.

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 event 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