



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

**Library of Michigan
Public Library Financial Management Cohort
Agreement Form**

I, _____, agree that:
Applicant Name

- I will participate in the program activities to the best of my abilities;
- I will complete each class during the scheduled time frame;
- I will participate in the class follow up meetings with the instructor;
- I will participate in the cohort group meetings;
- I will complete the final project during the scheduled time frame;
- I have the support of my director or Board Chair for my participation in this cohort during work time;
- I have a computer and internet access necessary to complete the classes and participate in meetings;
- and if I do not complete classes on schedule without making prior arrangements with the Library of Michigan staff, I understand I will be dropped from the cohort and my library may be responsible for the cost of the classes.

Applicant Name	Signature	Date
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Library Director/Board Chair Name	Signature	Date
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LIBRARY OF MICHIGAN