

State: \_\_\_\_\_



**Certification of LSTA State Program Report**  
**for the**  
**FY 2009 Grant Award**

I certify that I have reviewed the State Program Report and that all of the information contained within the report is true and correct, including the numerical data, promising practices, goals report, list of projects, and financial status report. I further certify that this report and each of its components fully comply with the requirements of Library Services and Technology Act, P.L. 108-81, as amended, and that State has complied with the certifications set forth in the Institute of Museum and Library Services' Assurance of Compliance.

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Signature of Authorizing Official (State Librarian or Official duly authorized to bind the State)

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Name and Title of Authorizing Official (please print)

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State

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Date