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

**ASSURANCES PROVIDED IN SUPPORT OF FIVE-YEAR PLAN**

## **Legal Authority and Capability**

Pursuant to 20 U.S.C. § 9122(5), the authorized representative, on behalf of the State Library Administration Agency (SLAA), provides assurance that the SLAA has the fiscal and legal authority and capability to administer all aspects of the Library Services and Technology subchapter of 20 U.S.C. Chapter 72 (LSTA), that it will establish the State’s policies, priorities, criteria, and procedures necessary to the implementation of all programs under this subchapter (including the development of a State Plan), and that it will submit copies of these materials for approval as required by regulations promulgated by the Director of the Institute of Museum and Library Services (IMLS).

## **Internet Safety**

Pursuant to 20 U.S.C. § 9134(b)(7), the authorized representative, on behalf of the SLAA, provides assurance that the SLAA will comply with 20 U.S.C. § 9134(f), which sets out standards relating to Internet Safety for public libraries and public elementary school and secondary school libraries that do not receive services at discount rates under 47 U.S.C. § 254(h)(6), and for which IMLS Grants to States funds are used to purchase computers used to access the Internet or to pay for direct costs associated with accessing the Internet.

## **Reports**

Pursuant to 20 § U.S.C. 9134(b)(8), the authorized representative, on behalf of the SLAA, provides assurance that the SLAA will make reports, in such form and containing such information, as the Director may reasonably require to carry out the Library Services and Technology subchapter of 20 U.S.C. Chapter 72 and to determine the extent to which funds provided under this subchapter have been effective in carrying out the purposes of the LSTA.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above assurances and certifications.

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Signature of Authorized Certifying Official Date

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Authorized Certifying Official Name and Title (Print)

For additional information, contact the IMLS State Programs Office at 955 L’Enfant Plaza North, SW, Suite 4000, Washington, DC 20024-2135. (Or email stateprograms@imls.gov).