



**APPLICATION FORM:**

**Program for Educational Grants (PEG)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PEG Amount Requested: (Total from Item B. below; No PEG award can exceed \$400): \_\_\_\_\_

**A. TELL US ABOUT THE PROGRAM/EVENT:**

1. What is the program or event? \_\_\_\_\_

(Attach a copy of a flyer or program description providing date(s), goals and objectives, content, qualifications of speakers, time frames, expenses, and other relevant details)

2. Describe your personal objectives for the program or event. Tell us how it will enhance your ability to improve library service. (Attach separate sheets as necessary)

**B. HOW MUCH WILL IT COST?**

- Complete the following table. Include PEG eligible expenses only. PEG funds may be used for registration and other expenses directly related to the program/event. PEG funds may not be used to support travel, lodging, meals or per diem personal expenses. PEG funds may not be used for expenses covered by other sources. The total amount requested for a PEG may not exceed \$400.

Item & Cost	Personal Funds	Business Funds	Other Funds (Describe)	PEG Request
Registration:				
Supplies:				
Other(List):				
Other(List):				
Other(List):				
Totals:				

C. HAVE YOU EVER RECEIVED A PEG AWARD? Y/N. If "Y" please tell when, how much and what for. (Attach separate sheets as necessary)

D. IF YOU DO NOT RECEIVE A PEG AWARD WILL YOU STILL ATTEND THIS PROGRAM/EVENT? Y/N.

E. CERTIFICATION AND SIGNATURE:

All PEG Applicants are required to sign and date the following statement:

If awarded a Connecticut Library Association Proficiency Enhancement Grant (PEG), I agree to submit a written report with my request for reimbursement. If I fail to fulfill this obligation or to complete the program/event I will not receive payment from the Connecticut Library Association.

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(Applicant's Signature)

F. MAIL OR FAX YOUR APPLICATION TO:

Peter Ciparelli, PEG Chair  
c/o Killingly Public Library  
25 Westcott Road, Danielson CT 06239  
860-779-5383 fax:860-779-1823  
e-mail: [pciparelli@biblio.org](mailto:pciparelli@biblio.org)

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**PLEASE DO NOT WRITE BELOW THIS LINE, FOR THE USE OF THE PEG COMMITTEE**

Date Received: \_\_\_\_\_

Date Considered: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Applicant Notified: \_\_\_\_\_

Statement of Expenses Received: \_\_\_\_\_

Receipts Received: \_\_\_\_\_

Report Received: \_\_\_\_\_

Treasurer Notified: \_\_\_\_\_

Notes: \_\_\_\_\_