**Pennsylvania Department of Education**

**Office of Commonwealth Libraries**

**Bureau of Library Development**

**APPLICATION FOR REQUEST OF WAIVER OF STANDARDS**

***Please provide the following information about the person completing this form:***

Name: Click here to enter text. Date: Click here to enter text.

Title: Click here to enter text.

Telephone Number (with area code): Click here to enter text. E-mail address: Click here to enter text.

**A. Information about the Library (*Complete all applicable information.)***

Name of Library: Click here to enter text. AUN: Click here to enter text.

Street address: Click here to enter text.

City: Click here to enter text. State:Click here to enter text. Zip Code: Click here to enter text.

Mailing address (if different):

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Telephone number (with area code): Click here to enter text.

Website address: Click here to enter text.

Name of Library Director: Click here to enter text.

Telephone Number (with area code):Click here to enter text. E-mail address: Click here to enter text.

Service Area Population: Click here to enter text.

Library System:Click here to enter text. System Administrator: Click here to enter text.

County: Click here to enter text. District Library Center: Click here to enter text.

**B. Determination (*Complete all applicable information.)***

**Waiver Request is for reporting year \_\_\_\_\_\_\_.**

1. **Economic Hardship Determination**

Does meeting the standards place an economic hardship on the operating budget? [ ]  YES [ ]  NO

Has total revenue decreased from the previous year? [ ] YES [ ]  NO

Have total expenditures increased from the previous year? [ ]  YES [ ]  NO

Is the increase in expenditures greater than the total revenue? [ ]  YES [ ]  NO

Percent budget decreased: Click here to enter text.

1. **Construction/Repair/Renovation**

Does the project interfere with normal library operations? [ ]  YES [ ]  NO

1. **Natural Disaster / Community Emergency**

Does the situation interfere with normal library operations?[ ] YES [ ]  NO

**Describe the circumstances of the library’s economic hardship or situation associated with the closure (must be completed).**

Click here to enter text.

 **C. Categories of Standards**

Please identify all categories of standards for which a waiver is currently being requested and attach supporting documentation as requested below.

[ ]  **Hours of operation**

* Is this the first time the library has requested a waiver for this standard [ ]  YES [ ]  NO
* If no, please indicate the number of consecutive years in which the library has requested a waiver for this standard. Click here to enter text.
* Indicate the number of hours below the standard:

Weekly: Click here to enter text. Weekend: Click here to enter text.

* What is the amount of additional funds that would be needed to meet this standard? Click here to enter text.

***Please attach the current schedule of library hours and the schedule of hours reflecting a decrease.***

[ ]  **Staffing**

* Is this the first time the library has requested a waiver for this standard? [ ]  YES [ ]  NO
* If no, please indicate the number of consecutive years in which the library has requested a waiver for this standard. Click here to enter text.
* Indicate the total weekly hours worked by all paid staff members. Click here to enter text.
* Indicate the base number of hours per week for full time (minimum 35 hours per week) Click here to enter text.
* What is the amount of additional funds that would be needed to meet this standard? Click here to enter text.

[ ]  **Continuing Professional Development – Director**

* Is this the first time the library has requested a waiver for this standard? [ ]  YES [ ]  NO
* If no, please indicate the number of consecutive years in which the library has requested a waiver for this standard. Click here to enter text.
* What is the amount of additional funds that would be needed to meet this standard? Click here to enter text.

[ ]  **Continuing Professional Development – Staff**

* Is this the first time the library has requested a waiver for this standard? [ ]  YES [ ]  NO
* If no, please indicate the number of consecutive years in which the library has requested a waiver for this standard. Click here to enter text.
* What is the amount of additional funds that would be needed to meet this standard? Click here to enter text.

[ ]  **Collections expenditures (**§9335(b)(3) Incentive for Excellence Aid)

* Is this the first time the library has requested a waiver for this standard? [ ]  YES [ ]  NO
* If no, please indicate the number of consecutive years in which the library has requested a waiver for this standard. Click here to enter text.
* What is the total amount expended on collections? Click here to enter text.
* What is the percentage of operating budget attributable to collection expenditures? Click here to enter text.
* What is the amount of additional funds that would be needed to meet this standard? Click here to enter text.

**D. Need for Waiver**

Describe measures the library has taken to fulfill the standard(s).

Click here to enter text.

**E. Benefits to be Obtained by the Waiver**

Please explain the benefits to be obtained by the waiver and include any supporting data and/or information.

Click here to enter text.

**F. Board Resolution (*Provide evidence that the board of directors adopted a resolution to apply for a waiver of standards. Please attach the resolution or board minutes evidencing a resolution was adopted by the board*).**

Date of Board Resolution: Click here to enter text. Name of President of Board: Click here to enter text.

Was the Resolution adopted at a regularly scheduled meeting? [ ]  Yes [ ] No

**H. Verification**

On behalf of the above named library or library system, and with the authorization of its Board of Directors, we the undersigned, hereby submit this request and certify that to the best of our knowledge the responses herein provided as part of this application are correct and truthful. We understand the library or library system will not be eligible for consideration for State Aid if the request is not approved by the State Librarian.

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President, Board of Library Directors Library Director or System Administrator

**PLEASE SUBMIT COMPLETED FORM**:

Via email to RA-stateaid@pa.gov

**OR**

Mail to:

State Aid Office

Office of Commonwealth Libraries

PA Department of Education

Room 220, Forum Building

607 South Drive

Harrisburg, PA 17120-0600