



Colorado Libraries Collaborate! (CLC) Program Participation Agreement – Page 1 of 2

(One Time Sign-Up*)

The _____
(Full Legal Name of Organization and/or Governing Authority—if joint library)
located at _____
(Mailing Address, City & Zip Code)

in _____ county, is pleased to participate as a (circle one) **FULL** or **ASSOCIATE** member in the Colorado Libraries Collaborate! Program. (Membership participation requirements are found in the Colorado Libraries Collaborate! Implementation Manual.) The library understands and agrees to follow the conditions set forth in the published guidelines.

The organization named above is (check one):

K-12 **public** school district

- Attach list of names of all participating schools, including charter.

K-12 **private** school(s)

- If more than one school, attach list of names of all participating schools.

Public library or library district

- Attach list of names of all branches.

Academic library (college or university, public or private)

Joint library

- Each governing authority of a joint library must file a signed separate Agreement.

Other. Please give brief explanation:

This organization agrees to contribute _____ dollars to the optional Colorado Libraries Collaborate! Self-Insurance fund. (Make check out for a minimum of \$10 payable to the Colorado Libraries Collaborate! Program.)

After obtaining the necessary signatures (see next page), send both pages of this completed Agreement with a list of participating schools or branches and your self-insurance check to: Colorado Libraries Collaborate Program, Colorado State Library, 201 E. Colfax Ave., Room 309, Denver, CO 80203.

**Colorado Libraries Collaborate! (CLC) Program
Participation Agreement – Page 2 of 2**

CONTACT INFORMATION AND SIGNATURES

Contact Name: _____

Contact Telephone: _____

Contact E-mail: _____

Name of Librarian (if different than contact):

Librarian E-mail: _____

Signature: _____ Date: _____

Name & Title of Authorized Person*:

Authorized Person E-mail: _____

Signature: _____ Date: _____

* Library board chair, school district superintendent, city manager, etc.

End of Participation Agreement

NOTE: It is only necessary to "sign up" to participate in CLC once, not annually.

If you are not certain if your organization is a CLC participant, please check at <http://projects/aclin.org/directory/> or contact Carol Tagstrom at tagstrom_c@cde.state.co.us or 303-866-6789.