Laptop ConneCT: Library Participation Request Form

Administered by the Connecticut Department of Energy and Environmental Protection (DEEP) in partnership with the Connecticut State Library.

Section 1: Library Information

Name of Principal Public Library (as defined by CT Gen. Stat. § 11-24a):
Library Address:
Library Director Name:
Phone Number:
Email Address:

Secondary Program Contact (if applicable):
Name:
Title:
Phone:
Email:

Section 2: Participation Confirmation

☐ The above-named principal public library submits this Notice of Intent to Participate in the Laptop ConneCT Program.

By submitting this form, the library acknowledges and agrees that:

- All Program-funded devices remain the property of the Connecticut State Library through December 31, 2031.
- Devices must be designated for public use through December 31, 2031, in accordance with Capital Projects Fund (CPF) requirements.
- The principal public library will serve as the primary receiving hub for device shipments for its municipality.
- The principal public library will coordinate participation with other libraries within the municipality, as applicable.
- The principal public library will not receive grant funds and understands participation consists of receiving and managing program-funded devices.

Section 3: Device Allocation & First Shipment Request

Each principal public library will receive a base allocation of devices in accordance with Program guidance.

Libraries seeking to keep more than 50% of their allocation for use on-site must attach a justification to this form. Please include what percentage of laptops will be maintained on-site and for what purpose (specific programming, classes, general computer lab use, etc.) in approximately 200 - 300 words.

☐ Check here if requesting to keep more than 50% of the laptops on-site (please attach justification and submit with this form).

Requested Percentage of Total Allocation to be Received in First Shipment:

☐ 75%
☐ Other (up to 75%): _____ % or _____number

Delivery of the remaining allocation is anticipated for Q3 2026.

If inventory becomes available, would your library be interested in receiving additional laptops?

☐ Yes ☐ No

If yes, approximately how many? _____

Section 4: Program Readiness & Compliance Capacity

☐ The library certifies that it has (or will have prior to device receipt):

- Capacity to verify participant eligibility
- Procedures to verify valid library card status prior to device distribution
- Capacity to host required qualification and digital skills sessions
- Capacity to maintain required data collection and reporting
- Secure storage for devices upon delivery

Section 5: Coordination with Other Municipal Libraries

List any additional (branch) libraries within the municipality to which your library may distribute devices:

Library Name	**Address**

If none, check here: ☐ Not Applicable

List any additional libraries outside of the municipality to which your library may distribute devices based on existing contracts:

Library Name	Address

If none, check here: ☐ Not Applicable

Section 6: Acknowledgment of Oversight & Reporting Requirements

☐ The library acknowledges and agrees to the following through December 31, 2031:

- Operate a compliant device access program in accordance with CPF program requirements as directed by DEEP and the Connecticut State Library
- Collect and report required program data to the Connecticut State Library
- Maintain qualification documentation in accordance with Program recordkeeping requirements
- Participate in monitoring activities conducted by DEEP or the Connecticut State Library
- Ensure devices are used solely for public purposes

☐ The library understands that failure to comply with program requirements may result in corrective action, including recovery of assets.

Section 7: Authorized Certification

I certify that I am authorized to submit this Notice of Intent on behalf of the principal public library identified above and that the information provided is accurate to the best of my knowledge.

Authorized Official Name:

Title:

Signature:

Date: