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|  | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-16) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance at <http://dpi.wi.gov/pld/certification>. | | | | | | |
|  | | | | I. GENERAL INFORMATION | |  | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | II. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  Just Put It in the Budget: How to Plan for Permanent Taxpayer Support | | | | | | | | | | |
| Description of Program  Most donors and funding partners who want to see their dollars go to innovation, experimentation, or gap-filling expect to stop funding after the "test" is finished. Unfortunately, we all have stories of wonderful programs that have lost funder support and died for lack of a funding solution. It's heartbreaking when the next round of funding should have come from the municipal budget or the library budget, but we failed to find the political will for a new funding solution in time. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  11/30/2022 | | To *Mo./Day/Yr.*  11/30/2022 | online webinar | | | | | Technology *If any* | | Total  1.5 |
| Provider *If applicable*  NEWI and SCLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | III. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed Mo./Day/Yr. | | |