



The University of the State of New York
The State Education Department
New York State Library
Division of Library Development

Family Literacy Services Program Final Narrative Report
July 1, 2008 - June 30, 2009

Project Number _____

NAME OF LIBRARY or LIBRARY SYSTEM _____

STREET ADDRESS _____

CITY or TOWN _____ ZIP CODE _____

TELEPHONE NUMBER (_____) - _____ EXT. _____
(area code) number

FAX _____ E-MAIL _____

CERTIFICATION: I hereby certify that this is a true and accurate project report and has been approved by the board of trustees.

Library or System Director's Signature _____ Date _____

Mail **One** Copy of This Completed Form and **Three** copies of the FS-10F short form with original signatures by **July 31, 2009** to: Tiffany H. Allen, Family Literacy Library Services Program, Division of Library Development, Cultural Education Center, Room 10B41, Albany, NY 12230.

Send the Final Report Narrative and Final Report Project Statistics via **e-mail** to DLDFL@mail.nysed.gov

Family Literacy Library Services Program

Final Report
PROJECT NARRATIVE, 2008-2009

*Attach pages to answer narrative portion of this report

1. **PROJECT ABSTRACT:** Give a brief (1 paragraph) synopsis of the project purpose, activities, and results.
2. **NEED:** Briefly summarize the need for this project.
3. **TARGET AUDIENCE:** Briefly describe the target audience.
4. **COMMUNITY PARTNERSHIPS:** List the cooperating agencies in this project and identify their role in the project including 1) Planning; 2) Project Activities; 3) Evaluation
5. **ACCOMPLISHMENTS**
 - a. Using the OBJECTIVES and the ACTIVITIES as they were stated in the original project application, describe project accomplishments, including the involvement of parents and/or caregivers. How was the project publicized? How effective were these methods?
 - b. Does the library or library system plan to continue this project after the project period is over? If the answer is YES, how will the project be continued? Or if the answer is NO, what would you need to continue this project?
 - c. How has your library or system shared project results with others in your region and statewide?
 - d. Describe any problems or surprises you encountered in working toward the objectives for this project. What would you do differently?
6. **EVALUATION**
 - a. Briefly describe evaluation methods used. Include a summary of the quantitative evaluation results and user satisfaction data.
 - b. Please attach samples of your library or system's evaluation instruments.
7. **BUDGET SUMMARY**
 - a. List amounts spent in each budget category. What increases/decreases would you recommend?
 - b. List additional funds used for this project and where funds were obtained. Estimate the in-kind costs incurred by the library and cooperating agencies.

Institution Name _____

Family Literacy Library Services Program

PROJECT STATISTICS, 2008-2009

*Complete all that are applicable

- A. Number of participating sites _____
- B. Hours of service per week _____
- C. Total number of users served _____
- D. Number of workshops/programs _____
- E. Total number of workshop/program participants _____
- F. Total number of materials circulated _____
- G. Total number of materials distributed _____