



The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Division of Library Development



**ADULT LITERACY SERVICES PROGRAM FINAL NARRATIVE REPORT  
July 1, 2007 - June 30, 2008**

Project Number \_\_\_\_\_

NAME OF LIBRARY or LIBRARY SYSTEM \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY or TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_

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 along with the final report narrative **by July 31, 2008** to:

The New York State Library  
Division of Library Development  
Cultural Education Center, Room 10B41  
Albany, New York 12230  
**ATTN: Tiffany H. Allen**

