

LSTA Service Improvement Grant Program 2010-2012 Interim Report

Library or System Name _____ Project #0070-11-_____

Project Title _____ Budget \$ _____

Period Covered: April 1, 2010 - January 30, 2011

Instructions:

This is the required interim report for year one of all two-year 2010-2012 projects.

Fill in the information requested on the bottom of this page. Using your own word processing software, repeat each question below, keeping to the original order, and provide your response. Use this page as the cover, followed by your response pages and the Quantitative Measures page.

Narrative Report

1. Describe the project's accomplishments in relation to its objectives and the target population.
2. To what extent were project activities completed within the Year One project timeline?
3. Report **quantitative evaluation results for Year One** for this project and attach the Quantitative Measures page, noting to what extent you reached the target population.
4. Report **qualitative evaluation results for Year One**, providing information in relation to progress toward expected outcomes as stated in your grant application. *(Please do not submit copies of individual completed user surveys or forms. We are interested in your summary and analysis of results.)*
5. Please provide two or more anecdotes or stories about how this project affected people who received services in Year One.
6. Please list congressional district location(s) of grant activities. (Federal requirement)
7. Please explain, in detail, project expenditures as they will relate to the code amounts reported on the FS-10F (due by April 30, 2011).

An electronic version of the report should be sent to mtodd@mail.nysed.gov by January 30, 2011

Two copies of the Interim Report must be received in Library Development by January 30, 2011.

One of the copies should include a set of the materials produced with LSTA funds.

Mail the items (2 copies of the report and 1 set of materials) to:

**LSTA - New York State Library
Division of Library Development
Room 10B41 Cultural Education Center, Albany, NY 12230**

Project Director _____
(Typed or Printed Name) (Signature)

Telephone _____ Date _____

Email address _____

Quantitative Measures

Provide summary figures only

1. Number of users served _____
2. Number of community agencies/businesses collaborating in this project
Name them _____
3. Number of collection purchases by type
Print (Volumes) _____

Audio-visual (Items) _____

E-book, other (Specify) _____
4. Number of bibliographies, publications, lesson plans, documents
or publicity prepared _____
(Specify)
5. Number of workshops/programs _____

Total number in attendance _____
6. Number of bibliographic records enhanced or converted _____
7. Number of web sites or web pages developed _____
8. Other _____
..... _____