

OREGON STATE LIBRARY

**Library Services and Technology Act
Grant Activities Report**

Please attach a Word document of this form and email to ferol.weyand@state.or.us

**Library Support and Development Services
Oregon State Library
250 Winter St. NE
Salem, OR 97301**

Quarterly reports must be filed even if there is no activity in that quarter. The final quarter has a different report.

<input type="checkbox"/> 1st Quarter Report	<input type="checkbox"/> 2nd Quarter Report	<input type="checkbox"/> 3rd Quarter Report
<input type="checkbox"/> 4 th Quarter (extension)	<input type="checkbox"/> 5 th Quarter (extension)	

LSTA Contract Number: _____

Grantee: _____

Project Title _____

Submitted By: _____ Phone: _____

1. Summarize the overall purpose of the grant project:

2. Summarize the project results to date:

Outputs Summary – please report as appropriate depending upon your grant
(double click Word table to enter data- table can be altered to record appropriate outputs)

LSTA Grant Activities Report

Actual # of people served this quarter		Actual # of people served to date	
# of programs /meetings /events		# of programs /meetings /events to date	
# of programs /meetings /events attendees		# of programs /meetings /events attendees	
Other output measure(s): <i>(please indicate)</i>		Other output measure(s) to date:	

Narrative summary:

3. Report on specific project objectives to date:
(replicate table as needed)

Objective:	% Progress / Results:
Activity Summary: <i>(type below this table)</i>	

Objective:	% Progress / Results:
Activity Summary: <i>(type below this table)</i>	

Objective:	% Progress / Results:
Activity Summary: <i>(type below this table)</i>	

4. Other Results: