Final Narrative Report

# Cover Sheet

**Contract:** Click here to enter text.

**Library:** Click here to enter text.

**Project title**: Click here to enter text.

**Amount awarded:** Click here to enter text.

**Grant Period:** Click here to enter a date. to Click here to enter a date.

**Date:** Click here to enter a date.

**Submitted by:** Click here to enter text.

# Signatures Certifying the Final Report

We certify that all of the information contained herein is correct to the best of our knowledge. We certify that Choose of Choose objectives of this grant have been achieved. We certify this report includes an analysis of each objective of this grant and an evaluation of the impact this grant has made on our services. We certify $Click here to enter amount. has been claimed, and $Click here to enter amount. of the amount originally awarded was not used and the reasons are explained in this report.

Contracting Authority Date Click here to enter a date.
 Signee, title

Fiscal Agent Date Click here to enter a date.
 Signee, title

***Signatory:*** *Defined as the person who would sign the grant contract and whose signature will be a representation that the legal entity submitting this report has authority to enter into the grant contract; and that the signatory has the authority to sign the grant contract on behalf of the legal entity.*

***Fiscal Agent:*** *Defined as an individual authorized by the Grantee’s governing body to obligate it to the financial liabilities and accountable to the Grantees governing body for the integrity of the official accounting system and the financial statements that the system provides.*

## Abstract

Enter a brief narrative description of the project. 120 words or less is preferred.

## Project Manager

Name: Click here to enter text.

Email: Click here to enter text.

## Evaluation

These questions should be completed by each staff person who worked on project activities. Please compile the answers for the project as a whole for this grant and enter them below:

|  |
| --- |
| 1. I am satisfied that the project is meeting library needs.

[ ]  Strongly agree [ ]  Agree [ ]  Neither agree nor disagree [ ]  Disagree [ ]  Disagree strongly1. Applying the project will help improve library services to the public.

[ ]  Strongly agree [ ]  Agree [ ]  Neither agree nor disagree [ ]  Disagree [ ]  Disagree strongly1. What other comments or suggestions about the program would you like to provide? (Optional)Click here to enter text.
 |

## Activities

After identifying the activities in your project, please complete just the corresponding part(s) of the attached worksheet. If you have any questions, please contact WSLgrants@sos.wa.gov or call 360 704 5246.

**2017 Washington Rural Heritage Final Narrative Report Activity Worksheet**

Identify each applicable activity/mode, describe the selected activities, and enter relevant outputs. You may also include information describing the outcomes related to each activity, as well as anecdotal information.
Most of your activities will probably fall into the Content section, but complete any Instruction activities you may have had as well.

Please attach all items created for this project: news articles, posters, other evaluations, curriculum, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Type** | **Mode: how was the activity provided?** | **Project details: describe this activity****in 90-160 words** | **Outputs** |
| **Instruction***(Knowledge or skill transfer to participants)* | **Program** *(Active participation like a computer skills class.)* | Click here to enter text. | **Session length (in minutes)** |   |
| **Number of programs/sessions** |   |
| **Average number in attendance per session** |   |
| **Number of times program administered** |  |
| **Presentation** *(Passive participation like an author talk or performer.)* | Click here to enter text. | Presentation/performance length (in minutes) |   |
| Number of presentations/sessions administered |   |
| Average number in attendance per session |   |
| **Consultation** *(Informal advice or services provided by library staff or other professionals.)* | Click here to enter text. | Number of consultation transactions |   |
| **Other** *(Conference attendance by library staff.)* | Click here to enter text. | Number of staff funded to attend |   |
|  |  |  |
| **Content***(Acquisition, development, or transfer of information)* | **Acquisition,**  *(Selecting and receiving library collection materials including books, software, or information resources.)* | Click here to enter text. | **Number of hardware items acquired** |   |
| **Number of software acquired** |   |
| **Number of print materials acquired** |   |
| **Number of electronic materials acquired** |   |
| **Number of audio/visual units acquired (audio discs, talking books, other recordings)** |   |
| **Creation,** *(Design or production of an information resource, including digitization.)* | Click here to enter text. | **Number of items digitized** |   |
| **Number of items digitized and available to the public** |   |
| **Number of learning resources (e.g. toolkits, guides) created** |   |