### **Final Narrative Report Instructions for Sub-Recipients**

1. The Final Narrative Report is due by September 30th.
2. The final report will stand alone as a complete summary of this project. It must address the project objectives and the implementation of the project. Complete ALL questions on the following form. The Institute of Museum and Library Services receives information from this report.

Please note that if any portion of the contract/grant agreement was amended, the approved amendment will be used in the final report.

1. Complete the signatures certifying the final report on the cover sheet. Be sure that all required signatures are included.
2. Submit one original signed copy of the final report. If grant funding paid for any of the following, please include as attachments:
3. A copy of publicity and promotional items
4. A copy of any survey instruments used
5. A copy of any non-print or audiovisual material produced for the project
6. A copy of curriculum developed for the project

Mail original signed report to: LSTA Grants Program

 ATTN: Grants & Contracts Specialist

Washington State Library

 PO Box 42460

Olympia, WA 98504-2460.

1. In addition, please send an electronic copy of the report on as an email attachment to WSLgrants@sos.wa.gov. Please do not scan or .pdf the electronic file. Signatures are not needed on the electronic copy.

### **Final Narrative Report Cover Sheet**

Date 8/27/2015 Contract # G-1234

Library Click here to enter text.

Project Title Click here to enter text.

Amount Awarded Click here to enter text.

#### **Grant Period**

Start Date Click here to enter a date. through Click here to enter a date.

 (date contract executed) (end of contract)

#### **Reporting Period**

Start Date Click here to enter a date. through Click here to enter a date.

 (date contract executed)

Submitted by Click here to enter text.

**Signatures Certifying the Final Report**

We certify that all of the information contain 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.

Signatory Date Click here to enter a date.

Fiscal Agent Date Click here to enter a date.

***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.*

**Final Narrative Report**

*Please answer completely, fields will expand to accommodate your text.*

## Do you feel this grant has helped you provide better service to your customers?

Choose an item. Please explain: Click here to enter text.

## Summarize the project, the situation it was intended to address, and the objectives of the project.

## Click here to enter text.

## Summarize the results of the project, including activities accomplished, and any problems or unexpected outcomes encountered.

## Click here to enter text.

## Did the project meet its stated objectives? Compare the project objectives to actual accomplishments.

## Click here to enter text.

## Summarize the results of the evaluation of the project, including a description of the evaluation techniques.

## Click here to enter text.

## What program activities did you conduct with your intended audience? How many people participated in each activity?

## Click here to enter text.

## How many persons were served by this grant? If you have a list of trainings, dates, and number of attendees, please provide. If that information is not available, please give us your best estimate, using the following IMLS instructions:

“Indicate the number of persons who used or benefited *directly* from the services under the project. The number should *no*t include the potential population to be reached…provide a realistic number.”

## Click here to enter text.