

LSTA State Program Report  
Narrative Outcomes-Based Report  
FY 2003-2004

Project Title:

Library Name:

Project Director:

Phone:

E-mail:

LSTA Funds Awarded:

Local Match (if any):

Number of Persons Served:

Primary Users:

Secondary Users:

Primary Services:

Secondary Services:

Start Date:

End Date:

Was this project (circle one)

- |                 |     |    |
|-----------------|-----|----|
| 1. Statewide    | Yes | No |
| 2. Partnership? | Yes | No |

Project Purpose (i.e., Goal):

Project Activities/Methods (i.e., what did you do?):  
(2000 character limit)

Project Outputs:  
(Quantitative measurements, 2000 character limit)

Project Outcomes:

(Qualitative measurements, what were the results? How are things different? 2000 character limit)

Anecdotal information, if any: