

**LIBRARY SERVICES AND TECHNOLOGY ACT
GRANTS**

MID-YEAR REPORT
Forms and Instructions

Report Due: April 1, 2012

**Florida Department of State
Division of Library and Information Services
R. A. Gray Building, 500 South Bronough Street
Tallahassee, Florida 32399-0250**

LIBRARY SERVICES & TECHNOLOGY ACT GRANTS MID-YEAR REPORT

For Federal Fiscal Year 2011 Projects

Due: April 1, 2012

Library/Organization _____

Address _____ City _____ Zip _____

Phone (_____) _____

Project Name _____

Project Number _____ Grant Award \$ _____

I. EXPENDITURES

Use the attached Expenditures page to provide a status report of project expenditures to date detailed by category and source of funds.

II. OUTCOMES PLAN

Attach the current outcomes plan for the project. If there are any changes in the project activities, outcomes or evaluation, they should be identified in this plan.

III. STATUS REPORT

Describe the extent to which the project is meeting its outcomes. Discuss project activities and how the library is using data collected to improve the project.

I certify that all of the information contained herein is correct to the best of my knowledge.

Signature of Library Director

Date

Typed Name of Library Director

LSTA Mid-Year Report

Library/Organization _____
 Project I.D. Number _____
 Grant Award \$ _____

I. EXPENDITURES

		<u>LSTA EXPENDED</u>	<u>LSTA FUNDS UNEXPENDED</u>	<u>LOCAL/STATE MATCH EXPENDED</u>
A. SALARIES & BENEFITS (All salaries paid from both federal and local sources)				
POSITION TITLE	F.T.E.			
_____	_____	\$ _____		\$ _____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
TOTAL SALARIES.....		\$ _____	\$ _____	\$ _____
B. CONTRACTUAL SERVICES (List each vendor)				
_____		\$ _____		\$ _____
_____		_____		_____
_____		_____		_____
_____		_____		_____
TOTAL CONTRACTUAL SERVICES		\$ _____	\$ _____	\$ _____
C. LIBRARY MATERIALS.....		\$ _____	\$ _____	\$ _____
D. SUPPLIES		\$ _____	\$ _____	\$ _____
E. TRAVEL.....		\$ _____	\$ _____	\$ _____
F. EQUIPMENT (Specify)				
_____		_____		_____
_____		_____		_____
_____		_____		_____
TOTAL EQUIPMENT.....		\$ _____	\$ _____	\$ _____
G. OTHER (Specify)				
_____		\$ _____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
TOTAL OTHER		\$ _____	\$ _____	\$ _____
H. TOTAL A-G		\$ _____	\$ _____	\$ _____