***Progress Report***

This report consists of four sections: Library Information, Narrative, Budget, and Second Grant Installment.

|  |  |  |  |
| --- | --- | --- | --- |
| **SELECT ONE** | **QUARTER** | **DATES** | **REPORT DUE DATE** |
|[ ]  1 | July 1 – September 30, 2021 | October 15, 2021 |
|[ ]  2 | October 1 – December 30, 2021 | January 15, 2022 |
|[ ]  3 | January 1 – March 31, 2022 | April 15, 2022 |
|[ ]  4 | April 1 – June 30, 2022 | July 15, 2022 |

**Section 1 – Library Information**

Library: Click here to enter text.

Project Manager: Click here to enter text.

**Section 2 - Narrative**

Project/spending progress to date: Is your project/spending on task?

[ ]  Yes: Summarize what activities/purchases have been accomplished to date.

Click here to enter text.

[ ]  No: Summarize activities/ purchases to date and any obstacles/challenges/delays that have been encountered. Will a change in activities or budget be necessary?

Click here to enter text.

Do you anticipate fully expending the grant amount? [ ]  **Yes** [ ]  **No** (explain below)

Click here to enter text.

**Section 3 - Budget**

Budget – fill out each of the following tables where applicable with funds expended. Receipts/invoices must accompany this report. You may claim reimbursement for purchases from April 8, 2021 forward. There are four budget tables corresponding with the four Project Categories. Complete the appropriate tables that match your application and spending.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Information Access** |   |   |   |   |   |   |
| Supplies/Materials | $ |   |   |   |   |   |
|  List descriptions and quantities of supplies/materials acquiredClick here to enter text. |
| Services | $ |   |   |   |   |   |
| Include description of services provided. Databases, software, ILS systems should be described here and names of vendors/products included. Click here to enter text. |
| Equipment | $ |   |   |   |   |   |
|  List items and quantity purchased with a cost of $5,000+ that had prior approvalClick here to enter text. |
| Consultant Fees | $ |   |   |   |   |   |
|  Include description of expertise of consultant along with actions/contributions to project. Include consultant name.Click here to enter text. |
| Salary/Wages | $ |   |   |   |   |   |
|  List number of positions and position titles. Do not list names.Click here to enter text. |
| Indirect Costs | $ |   |   |   |   |   |
|   |  |  |  |  |  |   |
| Total | $ |   |   |   |   |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institutional Capacity** |   |   |   |   |   |   |
| Supplies/Materials | $ |   |   |   |   |   |
|  List descriptions and quantities of supplies/materials acquiredClick here to enter text. |
| Services | $ |   |   |   |   |   |
| Include description of services provided. Databases, software, ILS systems should be described here and names of vendors/products included. Click here to enter text. |
| Equipment | $ |   |   |   |   |   |
|  List items and quantity purchased with a cost of $5,000+ that had prior approvalClick here to enter text. |
| Consultant Fees | $ |   |   |   |   |   |
|  Include description of expertise of consultant along with actions/contributions to project. Include consultant name.Click here to enter text. |
| Salary/Wages | $ |   |   |   |   |   |
|  List number of positions and position titles. Do not list names.Click here to enter text. |
| Indirect Costs | $ |   |   |   |   |   |
|   |  |  |  |  |  |   |
| Total | $ |   |   |   |   |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Targeted Audience** |   |   |   |   |   |   |
| Supplies/Materials | $ |   |   |   |   |   |
|  List descriptions and quantities of supplies/materials acquiredClick here to enter text. |
| Services | $ |   |   |   |   |   |
| Include description of services provided. Databases, software, ILS systems should be described here and names of vendors/products included. Click here to enter text. |
| Equipment | $ |   |   |   |   |   |
|  List items and quantity purchased with a cost of $5,000+ that had prior approvalClick here to enter text. |
| Consultant Fees | $ |   |   |   |   |   |
|  Include description of expertise of consultant along with actions/contributions to project. Include consultant name.Click here to enter text. |
| Salary/Wages | $ |   |   |   |   |   |
|  List number of positions and position titles. Do not list names.Click here to enter text. |
| Indirect Costs | $ |   |   |   |   |   |
|   |  |  |  |  |  |   |
| Total | $ |   |   |   |   |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enhanced Technology** |   |   |   |   |   |   |
| Supplies/Materials | $ |   |   |   |   |   |
|  List descriptions and quantities of supplies/materials acquiredClick here to enter text. |
| Services | $ |   |   |   |   |   |
| Include description of services provided. Databases, software, ILS systems should be described here and names of vendors/products included. Click here to enter text. |
| Equipment | $ |   |   |   |   |   |
|  List items and quantity purchased with a cost of $5,000+ that had prior approvalClick here to enter text. |
| Consultant Fees | $ |   |   |   |   |   |
|  Include description of expertise of consultant along with actions/contributions to project. Include consultant name.Click here to enter text. |
| Salary/Wages | $ |   |   |   |   |   |
|  List number of positions and position titles. Do not list names.Click here to enter text. |
| Indirect Costs | $ |   |   |   |   |   |
|   |  |  |  |  |  |   |
| Total | $ |   |   |   |   |   |

**Section 4 – Second Grant Installment**

[ ]  Please send the full amount of the 2nd installment

[ ]  Please send a portion of the second installment Click here to enter amount

[ ]  Do not send second installment at this time

Save and attach in an email with receipts/invoices to ASLIB.grants@ade.arkansas.gov

 or

Save and FAX with receipts and invoices to Debbie Hall – 501-682-1533

 or

Mail with receipts/invoices to: Debbie Hall, LSTA Coordinator

 Arkansas State Library

 900 West Capitol, Suite 100

 Little Rock, AR 72201