

# LSTA SUB GRANT REPORT AND EVALUATION FORM

## South Carolina State Library

### LSTA – PL 108-81, AS AMENDED

**FOR SCSL USE ONLY --**

LSTA Sub-Grant Award #: \_\_\_\_\_  
 Program Year Funds: \_\_\_\_\_  
 LSTA State Grant Award #: \_\_\_\_\_  
 FFY Appropriations: \_\_\_\_\_

**CFDA No. 45.310**  
 South Carolina State Library  
 1430 Senate Street  
 P.O. Box 11469  
 Columbia SC 29211

Sub Grant Project Title: \_\_\_\_\_

I. Sub Grantee (*organization*) Name & Address: \_\_\_\_\_  
 \_\_\_\_\_

Project Administrator: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

II. Check one: \_\_\_\_\_ INTERIM Report **OR** \_\_\_\_\_ FINAL Report

III. Number of Persons Served: \_\_\_\_\_

IV. FUNDS EXPENDED	LTSA Funds	State Funds	Local Govt. Funds	All Other Funds	Total
Personal Services	_____	_____	_____	_____	_____
Library Materials	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____

***I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.***

Submitted by: (Print Name) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Current Date: \_\_\_\_\_

V. **Narrative.** An LSTA project evaluation narrative report must accompany this form. See LSTA Guidelines for instructions.