## Library Cooperative Grant

## Annual Report

**File by December 1, 2017**

**Instructions:**

1. Resource Sharing Report

Provide information for each of the FLIN member libraries in the multitype library cooperative’s geographic service area, regardless of whether there has been activity.

You may also include non-FLIN member libraries and libraries that are not in the multitype library cooperative’s geographic service area that have been provided services. If services have been provided to libraries that are not in the cooperative’s geographic service area, please indicate this in the Notes field.

The following report form may be used or you may provide relevant reports or usage statistics to report this information, as long as the information requested in the chart below is included for each library. Include the number of records added to AND the number of records deleted from the statewide catalog separately for each institution.

Please use only one line per library. You may group libraries by types of services delivered.

“Number of Courier Stops” refers to the courier service stops provided directly to each library by the library cooperative with Library Cooperative Grant funds. Do not include stops that are paid by the library.

1. Activities Narrative

Provide a narrative for each of the activities listed in Part 3.C of the application and/or in Project Revisions. Provide information on what has been accomplished during the grant cycle. Provide (or attach) relevant reports of the type and number of resources shared and usage statistics for services provided.

1. Expenditures

Report Library Cooperative Grant as well as local matching expenditures. Provide any details that are not included in Part B, the Activities Narrative.

Multitype Library Cooperative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **RESOURCE SHARING REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution Name** | **Cooperative Member?**  **(Yes/No)** | **Number of Courier Stops Per Week Using LCG funds** | **Resource Sharing Services Delivered** | **Notes** |
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1. **ACTIVITIES NARRATIVE**
2. **EXPENDITURES** Report grant and local match expenditures. Provide any details that are not included in part A. The narrative portion in each budget section should explain how the funds support the activities described in Part A.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SALARIES & BENEFITS** Describe the duties of each person working on project.   **Narrative:** | | | | | | | | | |
| **SALARIES & BENEFITS DETAIL** List all salaries paid from either grant or local sources. | | | | | | | | | |
| **POSITION TITLE** | | **F.T.E.** | | | **LCG** |  | | | **Local Match** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_ | | | $ |  | | | $ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_ | | | $ |  | | | $ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_ | | | $ |  | | | $ | |
|  | | \_\_\_\_\_\_\_\_ | | | $ |  | | | $ | |
| TOTAL SALARIES ………………………………………. | | | | | $\_\_\_\_\_\_\_\_\_\_ |  | | | $\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | | |  |  | | |  | |
| 1. **CONTRACTUAL SERVICES** Describe services provided by each vendor.   **Narrative:** | | | | | | | | | |
| **CONTRACTUAL SERVICES DETAIL** (List each vendor) | | | **LCG** | | |  | | | **Local Match** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | $ | | |  | | | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | $ | | |  | | | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | $ | | |  | | | $ |
| TOTAL CONTRACTUAL SERVICES ………………… | | | $\_\_\_\_\_\_\_\_\_\_ | | |  | | | $\_\_\_\_\_\_\_\_\_\_ |
|  |  | | |  | |  | | |  |
| 1. **EQUIPMENT AND SOFTWARE** Describe equipment and software purchased for the project.   **Narrative:** | | | | | | | | | |
| **EQUIPMENT AND SOFTWARE DETAIL** List each item of equipment and/or software purchased. | | | | | | | | | |
|  | | | | **LCG** | | |  | **Local Match** | |
|  | | | | $ | | |  | $ | |
|  | | | | $ | | |  | $ | |
|  | | | | $ | | |  | $ | |
| TOTAL EQUIPMENT | | | | $\_\_\_\_\_\_\_\_\_\_ | | |  | $\_\_\_\_\_\_\_\_\_\_ | |
|  |  | | |  | | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **SUPPLIES AND POSTAGE** Describe the supplies and postage purchased.   **Narrative:** | | | | | | | | |
| **SUPPLIES AND POSTAGE DETAIL** | | | | | | | | |
|  | | | **LCG** | |  | | **Local Match** | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
| TOTAL SUPPLIES | | | $\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |  |  | |  | |  |
| 1. **PRINTING AND MARKETING** Describe the printing and public relations marketing done during the project.   **Narrative:** | | | | | | | | |
| **PRINTING AND MARKETING DETAIL** | | |  | |  | |  | |
|  | | | **LCG** | |  | | **Local Match** | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
| TOTAL PRINTING AND MARKETING | | | $\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |  | |  | |  | |
| 1. **TRAVEL** Indicate the traveler's position, destination and purpose.   **Narrative** | | | | | | | | |
| **TRAVEL DETAIL** Any travel conducted with grant or matching funds must be done in accordance with Section 112.061, *Florida Statutes*. | | | | | | | | | |
|  | | | **LCG** | |  | | **Local Match** | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
|  | | | $ | |  | | $ | |
| TOTAL TRAVEL | | | $\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_ | |
|  | |  |  | |  | |  | |

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| --- | --- | --- | --- | --- |
| 1. **TELECOMMUNICATIONS AND INTERNET** Describe the Internet and Telecommunications used.   **Narrative:** | | | | |
| **TELECOMMUNICATIONS AND INTERNET DETAIL** | | |  |  |
|  | | **LCG** |  | **Local Match** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | $ |  | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | $ |  | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | $ |  | $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | $ |  | $ |
| TOTAL TELECOMMUNICATIONS | | $\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_ |
|  | |  |  |  |
| 1. **OTHER (SPECIFY)** Include costs for any items that do not fall under the categories above, for example small equipment costing less than $1,000.   **Narrative** | | | | |
| **OTHER (SPECIFY) DETAIL** | |  |  |  |
|  | | **LCG** |  | **Local Match** |
|  | | $ |  | $ |
|  | | $ |  | $ |
|  | | $ |  | $ |
|  | | $ |  | $ |
| TOTAL OTHER | | $ |  | $ |
|  |  |  |  |  |
| **TOTAL** | | $\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |

**Submit amounts listed below along with this report.**

**1. UNEXPENDED GRANT FUNDS TO BE REFUNDED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. TOTAL INTEREST EARNED DURING THE PROJECT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Multitype Library Cooperative Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name