



FINAL GRANT REPORT
NORTH DAKOTA STATE LIBRARY
SFN 59256 (06-2023)

Grant Recipient Name:		Date:
Grant Recipient Address:		
City:	State:	ZIP Code:
Project Director Name:	Email Address:	Work Telephone Number:
Name of Grant:	Grant Period:	
Describe the activities, the audience targeted and how the budget was spent.		
Did the project have the impact you expected it to? If they were not met, explain why.		

Were the project goals met? If they were not met, explain why?

Was the project completed within the timeline?

How will you sustain this project?

Project Director's Signature

Date

Return to:
NORTH DAKOTA STATE LIBRARY
604 EAST BOULEVARD AVE – DEPT. 250
BISMARCK ND 58505-0800