



**FINAL GRANT REPORT**  
NORTH DAKOTA STATE LIBRARY  
SFN 59256 (7-2019))

Grant Recipient (library) Name:		Date:	
Grant Recipient Address:			
City:		State:	ZIP Code:
Project Director Name:	Email Address:		Work Telephone Number:
Name of Grant Project:		Project Completion Date: (From contract)	
Project Award Date: (Date of Award Letter from NDSL)			
Describe the activities that occurred with this grant project.			
Describe the impact on your community. Include any statistical data you have to support the impact statement.			

What is the outcome of the partnership if applicable?

List the top 3 things learned from the partnership.

Describe any challenges you encountered during the project that have not already been reported in your quarterly reports.

Report all finances received and spent. Total spent must equal or exceed the grant amount received.

Expenses	Items Purchased	Cumulative Expenses	Remaining Grant Funds	Matching Funds

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Project Director's Signature (Fiscal Agent if Applicable)

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