



GRANT QUARTERLY REPORT
NORTH DAKOTA STATE LIBRARY
SFN 53489 (9-02)

Grant Recipient		Date
Address		
City	State	Zip Code
Project Director	Home Phone Number	Work Phone Number
Dates covered in the report Beginning date _____ Ending date _____		
Describe the activities that occurred related to the grant during this quarter: usage, programs, patron comments. Were there any circumstances that effected project goals? (attach additional sheets if necessary)		
Attach any publicity about the grant project		

Project Director's signature

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