



**Native American Library Services  
Basic Grant  
Financial and Performance Report**

Use this form to submit your interim and final Financial and Performance Reports for the IMLS Native American Library Services Basic Grant. Reports are due according to the Reporting Schedule sent with your Grant Award Notification. If more space is required, continue on a separate piece of paper.

**You may submit this report electronically to [imlsreporting@imls.gov](mailto:imlsreporting@imls.gov) or mail it to the Office of Grants Policy and Management, Institute of Museum and Library Services, 955 L'Enfant Plaza North, SW, Suite 4000, Washington, DC 20024-2135.**

Grantee (Name of Tribe):

Grant number:

Amount of grant award:

Name of Project Director:

Telephone number of Project Director:

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**Objectives and Accomplishments in Library Services**

Refer to the Library Services Plan you submitted with your original application and answer the following questions:  
1) What did you focus on during the year? 2) Were you able to carry out your plan successfully? Why or why not? 3) Did you achieve your anticipated results? Why or why not? (Discuss Education/Assessment Activities in the next section).  
The activities described should match those identified in the library services plan approved when the grant was awarded.  
Please identify any significant differences between your approved spending plan and your actual expenditures of the grant funds.

**Education/Assessment Activities or Travel (if applicable)**

Describe how the grant funds were used to support the following activities: attendance at continuing education courses and/or training workshops on- or off-site; attendance at conferences related to library services; and/or hiring of a consultant for an on-site professional library assessment. The activities described should match those identified in the library services plan approved when the grant was awarded. Please identify any significant differences between your approved spending plan and your actual expenditures of the grant funds.

**Total Funds expended:**

**Total Funds remaining (if any):**

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Name and title of person submitting this report:

Telephone number:

Email:

By signing below, I certify that the information provided is true and correct and that all funds were used in accordance with the grant guidelines or returned to the Institute of Museum and Library Services.

Signature of person submitting this report: \_\_\_\_\_ Date: \_\_\_\_\_