

**SECRETARY OF STATE FAMILY LITERACY GRANT PROGRAM
FY2008 FINAL NARRATIVE REPORT**

The Final Narrative Report is cumulative includes information from 7-01-07 to 6- 30-08 and is due July 15, 2008. Return to the Family Literacy Grant program, Secretary of State Literacy Office, Illinois State Library, 300 S. 2nd St., Springfield, IL 62701, or by fax at 217/785-6927, or email to jhughes@ilsos.net.

SEND AN ORIGINAL AND TWO (2) COPIES PLUS ANY ATTACHMENTS if submitted by mail. The report may be faxed or emailed -- send once and we will make the copies. Non-faxable attachments may be mailed separately. Do not use both fax and mail.

GRANTEE: _____
(Agency Name)

PROJECT TITLE: _____

SIGNATURES OF PARTICIPATING AGENCIES

Duplicate this page for more than three participating agencies. "I have read and participated in the preparation of this report."

1. Public Library

Signature: _____

Typed Name: _____

Title: _____

Name of Library: _____ Phone: _____

2. Adult Literacy Provider

Signature _____

Typed Name _____

Title: _____

Name of Agency: _____ Phone: _____

3. Organization Serving Children At Risk

Signature _____

Typed Name _____

Title: _____

Name of Agency: _____ Phone: _____

4. Number of meetings of partner agencies during this fiscal year: _____

AGENCY (Not project name): _____

I. VIGNETTE:

How has your project impacted one particular family or influenced your community. Use anecdotes and the power of story describe your family literacy efforts.

AGENCY NAME (Not project name): _____

PROGRESS TOWARD EXPECTED OUTCOMES

Use outcomes specified in your grant application. Duplicate this page as necessary.

A. LIBRARY SERVICES:

EXPECTED OUTCOMES FROM PROPOSAL	% of goal achieved to date	DESCRIBE PROGRESS from 7/1/07 to 6/30/08 (i.e. 100% of goal achieved, no problems to date)	EXPLAIN PROBLEMS

AGENCY NAME (Not project name): _____

B. ADULT/LITERACY EDUCATION SERVICES:

EXPECTED OUTCOMES FROM PROPOSAL	ACTUAL NUMBER	DESCRIBE PROGRESS, METHODS AND SETTING from 7/1/07 to 6/30/08	EXPLAIN PROBLEMS

AGENCY NAME (Not project name): _____

C. PARENTING SERVICES:

EXPECTED OUTCOMES FROM PROPOSAL	% of Parents achieving goal	DESCRIBE PROGRESS, METHODS AND SETTING from 7/1/07 to 6/30/08	EXPLAIN PROBLEMS

AGENCY NAME (Not project name): _____

D. CHILDREN'S EDUCATIONAL SERVICES:

EXPECTED OUTCOMES FROM PROPOSAL	AGES	NUMBER PARTICIPATING	DESCRIBE PROGRESS from 7/1/07 to 6/30/08 (i.e. 100% of goal achieved, no problems to date)	EXPLAIN PROBLEMS

AGENCY NAME (Not project name): _____

E. PARENT-CHILD TOGETHER ACTIVITIES:

EXPECTED OUTCOMES FROM PROPOSAL	DESCRIBE PROGRESS FOR YEAR from 7/1/07 to 6/30/08 INCLUDING ACTIVITIES & METHODS	EXPLAIN PROBLEMS