**CALIFORNIA STATE LIBRARY**

**LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)**

**PROCUREMNT ACTIVITY REPORT FORM**

**(Attach this form to the Final Program Narrative Report after it is completed)**

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| **Grant Information** | | |
| 1. Organization: |  | |
| 2. Project Title: |  | |
| 3. Award Number: | | 40- |
| 4. Fiscal Year: |  | |

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| **Activity Information** | | |
| 1. Activity Title: |  | |
| 2. Brief Activity Abstract: | | |
| 3. Procurement: Enter quantity information below. | | |
| Number of equipment acquired | | 0 |
| Number of acquired equipment used | | 0 |
| Number of hardware items acquired | | 0 |
| Number of acquired hardware items used | | 0 |
| Number of software items acquired | | 0 |
| Number of acquired software items used | | 0 |
| Number of materials/supplies acquired | | 0 |
| Number of acquired materials/supplies used | | 0 |

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| **Partner Information** | | | |
| 1. Please identify the area(s) in which your partner organization(s) operates. | | | |
|  | Libraries |  | Preschools |
|  | Historical Societies or Organizations |  | Schools |
|  | Museums |  | Adult Education |
|  | Archives |  | Human Service organizations |
|  | Cultural Heritage Organization Multi-type |  | Other |
| 2. Please identify the legal type of the partner organization(s) for this project. | | | |
|  | Federal Government |  | Non-Profit |
|  | State Government |  | Private Sector |
|  | Local Government (excluding school districts) |  | Tribe/Native Hawaiian Organization |
|  | School District |  |  |

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| **Beneficiaries** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the activity directed at the library workforce (includes volunteers and trustees)? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes *(If you check this box skip questions #2 - #11 and go to the Locale section)* | | | | | | | | | | | | | | | | | | | | | |
|  | No *(If you check this box go to the next question)* | | | | | | | | | | | | | | | | | | | | | |
| 2. Is the activity for a targeted group or for the general population? | | | | | | | | | | | | | | | | | | | | | | |
|  | Targeted group *(If you check this box answer questions #3 - #11 below)* | | | | | | | | | | | | | | | | | | | | | |
|  | General population *(If you check this box answer #3 below, skip questions #4-#11, and go to the Locale section)* | | | | | | | | | | | | | | | | | | | | | |
| 3. Which best describes the geographic community of the targeted group? | | | | | | | | | | | | | | | | | | | | | | |
|  | Urban | | | |  | | Suburban | | |  | | | Rural | | | | | | | | | |
| 4. Select one or more of the following activity target age groups. | | | | | | | | | | | | | | | | | | | | | | |
|  | All ages | | |  | | | | 6-12 years | | |  | | | 18-25 years | | |  | 50-59 years | | |  | 70+ years |
|  | 0-5 years | | |  | | | | 13-17 years | | |  | | | 26-49 years | | |  | 60-69 years | | |  |  |
| 5. If the activity is directed at those in one or more of the following economic situations, select one or more. | | | | | | | | | | | | | | | | | | | | | | |
|  | People who are living below the poverty line | | | | | | | | | | | | | |  | Unemployed | | |  | Not applicable | | |
| 6. If the activity is directed at ethnic or minority populations, select one or more. | | | | | | | | | | | | | | | | | | | | | | |
|  | American Indian or Alaska Native | | | | | | | |  | | | Hispanic or Latino | | | | | | | | | | |
|  | Asian | | | | | | | |  | | | Native Hawaiian or other Pacific Islander | | | | | | | | | | |
|  | Black or African American | | | | | | | |  | | | Not applicable | | | | | | | | | | |
| 7. Is the activity directed at families? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |
| 8. Is the activity directed at intergenerational groups (does not include families)? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |
| 9. Is the activity directed at immigrants/refugees? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |
| 10. Is the activity directed at those with disabilities? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |
| 11. Is the activity directed at limited functional literacy or information skills? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |
| 12. Is the activity directed at groups that fall into a category not already captured? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes |  | | | No | | | | | | | | | | | | | | | | |

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| **Locale** | |
| 1. Is the activity statewide? | |
|  | Yes *(If you check this box skip question #2 and go to the Institution Types section)* |
|  | No (if you check this box answer question #2) |
| 2. Can you identify specific institutions? | |
|  | Yes *(If you check this box go to the Institutions section)* |
|  | No *(If you check this box go skip the Institutions section and go to the Institution Type section)* |

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| **Institutions** (enter specific institutions) | | | | | | |
| 1. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 2. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 3. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 4. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 5. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 6. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 7. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 8. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 9. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |
| 10. | Name: |  | Address: |  | | |
|  | City: |  | State: |  | Zip: |  |

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| **Institution Types** | |
| 1. For each type of institution enter the number of locations. | |
| 0 | Public Libraries |
| 0 | Academic Libraries |
| 0 | State Library |
| 0 | Consortia |
| 0 | Special Libraries |
| 0 | School Libraries |
| 0 | Other |