

**FIRST INTERIM NARRATIVE REPORT – Postmarked by
September 21, 2007
For the months of June, July, August 2007
TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
FY 2007- 08 LIBRARY SERVICES AND TECHNOLOGY ACT
Library Services for the Disadvantaged Direct Service Grant**

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address: _____ Phone: (____) _____

Total Amount of Grant: \$_____

1. List projected **Outcomes** (Section VIII of grant), reporting activities and progress that has been made thus far. Use additional sheets, if necessary:

2. Are the activities included in your timeline completed as scheduled?
_____ Yes _____ No

If NO, please list those activities that have not been completed as scheduled, explain the delay and indicate the revised target date to complete the activities. (Contact your State Library & Archives grant monitor for assistance).

Signature: _____ Date: _____
Project Director

Signature: _____ Date: _____
Project Administrator

Signature: _____ Date: _____
Library Board Chairperson/Authorized Agent