Getting started with Blackboard

• Configure Audio Setup Wizard:



• Or dial in: 1-888-272-8702; code 2053175#



As you arrive, please configure Audio Setup Wizard



September 21, 2016

Measuring Success: SPR Refresher – Using the System



Overview

- Welcome & Introduction
- Review of system
 - Logging In / User Accounts
 - System Basics
 - Financial Reports
 - Adding Projects
 - Certifying Reports
- Reminders



http://imls-spr.imls.gov/

Recommended Browsers:





Note: *IE 11 has been tested with the system and will function, but there are known issues with earlier versions of IE.*

Logging In



<u>Grants To States Program</u> <u>Report</u>

Sign In To Continue To The State Program Report

| | Sign In | |
|--|---------|--|

If you have trouble signing in, contact your Program Officer.

Agency Location 955 L'Enfant Plaza North, SW, Suite 4000 Washington, D.C. 20024-2135

Contact Us

Phone: 202-653-IMLS (4657) imlsinfo@imls.gov Contact Us Form

Library Grants Phone: 202-653-4700

Museum Grants Phone: 202-653-4789 Communications and Government Affairs imlsnews@imls.gov

Webmaster webmaster@imls.gov

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About Us Grants Issues Publications Research & Evaluation News & Events

Logging In



Grants To States Program Report

Welcome to the online reporting system for IMLS' State Grant Program. Before entering your data and descriptions, please take a moment to review this information about security and privacy. After reading the information, click the "I Accept" button to demonstrate that you understand and agree to the conditions below and are ready to enter the system.

Security and Accuracy of Information: You are entering an Official United State Government System, which may be used only for authorized purposes. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and /or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030. Federal law provides criminal penalties of up to \$10,000 or imprisonment of up to five years, or both for knowingly providing false information to an agency of the United States Government. 18 U.S.C. Section 1001.

<u>Privacy</u>: Except as otherwise indicated, the information you submit through the online reporting system may be made publicly available through a public IMLS website. Information submitted to IMLS through the online reporting system may also be subject to disclosure as required by law under the Freedom of Information Act or other statutory provisions. For more information about privacy, please see our Privacy Policy.

I Accept

Agency Location 955 L'Enfant Plaza North, SW, Suite 4000 Washington, D.C. 20024-2135 Contact Us Phone: 202-653-IMLS (4657) imlsinfo@imls.gov Contact Us Form

Library Grants Phone: 202-653-4700

Museum Grants

Communications and Government

Affairs imlsnews@imls.gov Webmaster

webmaster@imls.gov

(f) 🕑 🛗 🖾

About Us Grants Issues Publications Research & Evaluation News & Events

Logging In

Home

Projects

User Reports

Account Management

Help

State Library Dashboard

The purpose of the State Program Report (SPR) is to provide a record of grant-funded projects, collect information on project outcomes, and share promising practices. IMLS uses these data to report to Congress and the Office of Management and Budget about the agency's progress on addressing its strategic goals which focus on learning, community, and content.

Select a fiscal year: 2015

You do not have any alerts.

Fiscal Year: 2015 Projects Entered: 5 Projects in Draft Status: 5 Projects marked as Completed: 0 Projects Certified: 0 Projects Approved: 0 Projects Accepted: 0 Administrative Project Status: Draft Final Financial Status Report Status: Draft LSTA Award (i.e., Allotment): \$100,000.00 LSTA Funds Expended: \$0.00 Match Funds Expended: \$0.00

There are no announcements.

User Accounts

- 2 Types of User Accounts
 - IMLS administered
 - SLAA administered

3 user roles:

- Authorized Certifying Official (ACO)*
- LSTA Coordinator
- Financial Manager (optional)

*Typically the Chief Officer, but in states where the Chief Officer is not the ACO, the Chief will be assigned a coordinator-role account.

Permissions

| | Add/View/Edit <u>All</u> Projects and FSR | Certify Report | Validate Report | Add Subrecipient User Accounts |
|-------------------|--|-------------------|--------------------|-----------------------------------|
| User Account Type | | | | |
| ACO | \checkmark | \checkmark | | \checkmark |
| Coordinator | \checkmark | | V | \checkmark |
| Financial Manager | V | | | |

- Added upon request to your program officer:
 - Financial Manager (based on Info Update)
 - 1 additional 'Coordinator'
- Lost/Forgotten Password: contact program officer or e-mail <u>sprhelp@imls.gov</u>

- Optional = Subrecipient (SLAA or other entity)
- Added by Coordinator / ACO
- Subrecipient User may only view/add/edit projects for a single assigned entity
- Lost/Forgotten Password: managed by Coordinator / ACO



IMLS Home FOIA Privacy/Terms of Use

Add User

| General Information | |
|---------------------|----|
| Email (Username): * | |
| Title: | |
| First Name: | |
| Last Name: | |
| Phone: 1 | |
| Fax: | |
| Address1: | |
| Address2: | |
| Address3: | |
| City: | |
| State: | ZT |
| Zip: | |

| Zip: | | |
|----------------------|-----------------------|---|
| Password * | | |
| New Password: | | |
| Repeat New Password: | | |
| User Assigned Subre | cipient | |
| Subrecipient: * | Select A Subrecipient | ~ |
| | Cancel Save User | |



 \bigcirc





Recommended first steps:

- User Info
- State Goals
- State Info
- Subaward Info

User Info

 \bigcirc

| Home | User Information | |
|-----------------------------------|---------------------|-------------------------|
| Projects | | |
| User Reports | General Information | 7 |
| Account Management | First Name: | |
| Manage Subrecipients | Last Name: | Test |
| Subaward Info State Goals | Title: | Test Coordinator |
| State Info Subrecipient Access | Email: | zt-coordinator@imls.gov |
| User Info | Phone: 🕄 | |
| Help | Fax: | |
| | Address1: | |
| | Address2: | |
| | Address3: | |
| | City: | |
| | State: * | ZT 💌 |
| | Zip: | |

User Info

| Hudrosse. | | |
|----------------------|------|--|
| Address3: | | |
| City: | | |
| State: * | ZT V | |
| Zip: | | |
| Change Password | | |
| Current Password: | | |
| New Password: | | |
| Repeat New Password: | | |
| | | |

Update Information

State Goals

| Home Projects User Reports | State Goals | Add State Goal |
|---|--------------------------|---|
| Account Management | Goal | Description |
| Manage Subrecipients Subaward Info | access to information | providing electronic and print access to general and target populations |
| State Goals State Info Subrecipient Access User Info | workforce readiness | providing pathways to sustainable employment for unemployed and underemployed persons |
| Help | | |
| | | |
| | IMLS Ho | ome FOIA Privacy/Terms of Use |

State Goals

| Home | Add State Goal |
|---|-------------------------------------|
| Projects | Name * |
| User Reports | |
| Account Management | Description |
| Manage Subrecipients Fiscal Year Info State Goals State Info Subrecipient Access User Info Help | Save Cancel |
| | IMLS Home FOIA Privacy/Terms of Use |

State Info

| Home | State Information | |
|-----------------------------------|-----------------------|----|
| Projects | [| |
| User Reports | Agency Information | |
| Account Management | Name of SLAA * | |
| Manage Subrecipients | Address * | |
| Subaward Info | City * | |
| State Info Subrecipient Access | State | ZT |
| User Info | Zip * | |
| Help | DUNS | |
| | EIN | |
| | Parent Organization * | |
| | Chief Officer | |
| | Name * | |
| | Title * | |
| | Phone 3 * | |
| | Fax * | |
| | Email * | 1 |



| Is the Chief Officer also the Authorized State Agency Official? (if N out the fields below) | o, please fill ● |
|---|---------------------|
| | ۲ |
| Yes | |
| No | 0 |
| Name * | |
| Title * | |
| Address * | |
| City * | |
| State * ZT ¥ | |
| Zip * | |
| Phone 3 * | |
| Email * | |



| LSTA Coordinator | | |
|---------------------|---------------|---|
| Name * | | |
| Title * | | |
| Phone 🕄 * | | Ţ |
| Email * | | |
| Library Development | | |
| Name | | |
| Title | | |
| Phone | | |
| Email | | |
| Fiscal Officer | | |
| Name | | |
| Title | | Ţ |
| Phone 3 | | Ţ |
| Email | | T |
| | Update Cancel | |

Subaward Info

Home Projects Reports Account Management Subaward Info State Goals State Info Subrecipient Access Fiscal Year: 2015 User Info Projects Entered: 3 Projects in Draft Status: 0 Help Projects marked as Completed: 0 Projects Certified: 3 Projects Approved: 0 Projects Accepted: 0 Administrative Project Status: Certified Final Financial Status Report Status: Certified LSTA Award (i.e., Allotment): \$100,000.00 LSTA Funds Expended: \$20,000.00 Match Funds Expended: \$5,000.00

State Library Dashboard

The purpose of the State Program Report (SPR) is to provide a record of grant-funded projects, collect information on project outcomes, and share promising practices. IMLS uses these data to report to Congress and the Office of Management and Budget about the agency's progress on addressing its strategic goals which focus on learning, community, and content.

Select a fiscal year: 2015 •

You do not have any alerts.

There are no announcements.

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Subaward Info

Subaward Information

| State | ZT | |
|--------------------------|----|--|
| olulo | | |
| Number of subaward | 0 | |
| applications | | |
| Number of subawards | 0 | |
| funded | | |
| Number of applicants | 0 | |
| | | |
| Number of applicants | 0 | |
| receiving subawards | | |
| Total amount of subaward | 0 | |
| funds requested | | |
| Total amount of subaward | 0 | |
| funds awarded | | |





Financial Reports

Financial Reports

| Home | State Library Dashboard | | | |
|---|---|-----------------------------|--|--|
| Projects | The purpose of the State Program Report (SPR) is to provide a record of grant-funded projects, collect | | | |
| List Projects Add Project Batch Upload Projects Administrative Project Financial Status Report Certity Reports | information on project outcomes, and share promising practices. IMLS uses these data to report to Congre and the Office of Management and Budget about the agency's progress on addressing its strategic goals which focus on learning, community, and content. Select a fiscal year: 2015 | | | |
| User Reports | | | | |
| Account Management | Fiscal Year: 2015 Projects Entered: 5 | There are no announcements. | | |
| Help | Projects in Draft Status: 5 Projects marked as Completed: 0 Projects Certified: 0 Projects Approved: 0 Projects Accepted: 0 Administrative Project Status: Draft Final Financial Status Report Status: Draft LSTA Award (i.e., Allotment): \$100,000.00 LSTA Funds Expended: \$0.00 Match Funds Expended: \$0.00 | | | |

Financial Reports

| Home | Financial Status Report |
|---|----------------------------|
| Projects | I'd like to work with the: |
| List Projects Add Project Batch Upload Projects Administrative Project Financial Status Report Certify Reports | Interim (FFR) Final (FSR) |
| User Reports | |
| Account Management | |
| Help | |

IMLS Home FOIA Privacy/Terms of Use

Final Financial Status Report

Final Financial Status Report Select a fiscal year: 2015 Select Version: 1 Save Cancel

| General Information | | |
|--|-----------------|---|
| Federal Grant or Other Identifying Number Assigned By Federal Agency * | | > |
| Total Federal Funds Authorized for This Funding Period | \$ 100000.00 | |
| Recipient Account Number or Identifying Number | | |

| < | Report Basis * | |
|---|----------------|---|
| | Cash | 0 |
| | Accrual | 0 |

Final Financial Status Report

| Total SLAA funds expended to meet the purpo ncluding the Five-Year-Plan (MOE) 3 * | oses of LSTA, | \$ 0.00 | |
|---|------------------------|------------|------------|
| Minimum MOE Required | | \$ 0.00 | |
| MATCH-State funds expended specifically on | the Five-Year Plan | \$ 0.00 | |
| MATCH-Other funds expended specifically on | the Five-Year Plan | \$ 0.00 | |
| Total Match | | \$ 0.00 | |
| Minimum Match Required ③ All other recipient outlays not previously reported | | \$ 0.00 | |
| | | \$ 0.00 | |
| Total unliquidated obligations (expected to cle MLS-approved date) | ar by Dec. 30 or later | \$ 0.00 | |
| Unobligated balance of Federal funds (these funds to be deobligated) | | \$ 0.00 | |
| Federal share of net outlays 3 | | \$ 0.00 | |
| LSTA Administrative Costs | | | |
| Allowed | Actual | | Difference |
| \$ 0.00 \$ | 0.00 | \$ | 0.00 |

Final Financial Status Report

| IMLS-approved date unliquidated obligations are expected to clear | 01/01/0001 | | |
|--|------------|--|--|
| Name of Authorized Certifying Official | | | |
| Title of Authorized Certifying Official | | | |
| Signature of Authorized Certifying Official | | | |
| Phone Number of Authorized Certifying Official | | | |
| Email of Authorized Certifying Official | | | |
| Report Status | Draft | | |
| Date Report Certified | 01/01/0001 | | |
| Agency DUNS | | | |
| Agency EIN | | | |
| Agency Name | | | |

Save

Cancel

Interim Federal Financial Report

Interim Federal Financial Report Select Version: 1 Select a fiscal year: 2016 Print Certify Red asterisks denote fields that will be checked upon Certify. Institute of Museum and Library Federal Agency and Organizational Element to Which Report is Services Submitted Federal Grant or Other Identifying Number Assigned by Federal Agency * Ztest 123 Main z, ZT 99999 Recipient Organization (Name and complete address including Zip code) 00 DUNS Number 00 EIN Recipient Account Number or Identifying Number

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0

Basis of Accounting *

Cash

Accrual

 \bigcirc

 \bigcirc

Report Type *

Quaterly

Annual

Final

Semi-Annual

Interim Federal Financial Report

| Transactions | | |
|---|----|-------------------------------|
| Federal Cash | , | |
| Cash Receipts * | \$ | 0.00 |
| Cash Disbursements * | \$ | 0.00 |
| Cash on Hand | \$ | 0.00 |
| Federal Expenditures and Unobligated Balance | | |
| Total Federal funds authorized * | \$ | 100000.00 |
| Federal share of expenditures * | \$ | 0.00 |
| Federal share of unliquidated obligations * | \$ | 0.00 |
| Total Federal share | \$ | 0.00 |
| Unobligated balance of Federal funds | \$ | 100000.00 |
| Recipient Share | | |
| Total recipient share required * | \$ | 51515.15151515151515151515151 |
| Recipient share of expenditures * | \$ | 0.00 |
| Remaining recipient share to be provided | \$ | 51515.15 |
| Program Income | | |
| Total Federal program income earned * | \$ | 0.00 |
| Program income expended in accordance with the deduction | | 0.00 |
| Program income expended in accordance with the addition alternative * | \$ | 0.00 |
| | ¢ | 0.00 |
Interim Federal Financial Report

| | 1.22 | | | 2 2 2 | |
|------------|------|----|----------------------|-------------|--------------------|
| Туре | Rat | e | | Period | |
| 0 | 0 | | From: | 10/01/2015 | |
| | | | To: | 09/30/2017 | |
| Base | | | Amount Charged | | Federal Share |
| \$ 0.00 | | \$ | 0.00 | \$ | 0.00 |
| Туре | Rat | e | | Period From | -To |
| 0 | 0 | | From: | 10/01/2015 | |
| | | | To: | 09/30/2017 | |
| Base | | | Amount Charged | | Federal Share |
| \$ 0.00 | | \$ | 0.00 | \$ | 0.00 |
| Base Total | | | Amount Charged Total | | Federal Share Tota |
| \$ 0.00 | | \$ | 0.00 | \$ | 0.00 |

Interim Federal Financial Report

| Remarks | | |
|--|-------|--|
| Certification | | |
| Name of Authorized Certifying Official | | |
| Title of Authorized Certifying Official | | |
| Signature of Authorized Certifying Official | | |
| Phone Number of Authorized Certifying Official | | |
| Email of Authorized Certifying Official | | |
| Report Status | Draft | |
| Date Report Certified | | |

| onnients (101 | SLAA TEVIEW | | |
|---------------|-------------|--|--|
| | | | |
| | | | |
| | | | |



Working with Projects

List Projects



List Projects



List Projects



| Home Projects | List Project Select a fiscal year | S 1. 2015 | | | |
|---|---------------------------------------|---------------------------------|-------------------------|-----------------------|------|
| List Projects Add Project Batch Opload Projects Administrative Project Financial Status Report Certify Reports | View Admin Proj Print All Projects | ect View Final F Add Project | Financial Status Report | Batch Upload Projects | |
| User Reports | Status System | Code State Code | Title 🗢 | Grantee | LSTA |
| Account Management | | | | | |
| Help | | | | | |
| | | | | | |
| | | | | | |
| | IMLS | Home FOIA Pri | ivacy/Terms of Use | | |
| | | | | | |

| Home | Add a Pro | oject | |
|---|----------------------------|--|-------------|
| Projects | Select a fiscal ye | ear: 2015 | |
| List Projects Add Project Batch Upload Projects Administrative Project Financial Status Report Certify Reports | I would like to: O O | Add a new project Continue a project from a prior fiscal year Copy a project | |
| User Reports Account Management | | | Add Project |
| Help | | | |

Add a Project

Select a fiscal year: 2015 •

I would like to:

Add a new project
 Continue a project from a prior fiscal year
 Copy a project

| Select a fiscal year: | |
|-----------------------|--|
| 2014 | |
| Select A Project: | |
| Select A Project | |



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Add a Project

Select a fiscal year: 2015 •

I would like to:

Add a new project 0 Continue a project from a prior fiscal year 0 ۲

Copy a project

Select a fiscal year:

2014

Select A Project:

-- Select A Project --



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Project Batch Upload

Purpose

The Batch Upload Templates provide a method to create a stub record containing selected information about SPR projects. You may include as many projects as desired in this template, but mistakenly added projects must be deleted individually. This template does not upload all SPR fields due to the relationships between fields, but will provide a jump-start on data entry.

How-To

Download one of the Excel Templates (below) and add the named fields for your projects. Any formatting added to the fields will not be retained when adding projects using the Batch Upload Template. Below is an explanation of each of the fields for the template:

Title - *REQUIRED* Can contain any alphanumeric characters.

Fiscal Year - *REQUIRED* Should be a four number year for the fiscal year. Pay particular attention to this date.

Project Abstract - Can contain any alphanumeric characters.

State Project Code - Can contain any alphanumeric characters.

Start Date - *REQUIRED* Should be a date (e.g. 12-31-2014)

End Date - *REQUIRED* Should be a date (e.g. 12-31-2014)

Project Tags - Comma separated list of project tags

Project Budgets - Decimal fields, each type in its own column.

List Projects Add Project Batch Upload Projects Administrative Project Financial Status Report Certify Projects

User Reports

Account Management

Help

Home

Projects



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File imported successfully!





| | Save | Save and Continue | Cance |
|----------------------|------|-------------------|-------|
| Table of Contents | | | |
| General Information | | | |
| Project Director | | | |
| Grantee | | | |
| Additional Materials | | | |
| Budget Information | | | |
| Intent | | | |
| Activities | | | |
| Project Outcomes | | | |
| Exemplary | | | |
| Project Tags | | | |
| Project Status | | | |

| General Information | | |
|-----------------------|--|--|
| Title: * | | |
| State Project Code: 3 | | |
| Start Date: * | 10/01/2014 | |
| End Date: * | 09/30/2016 | |
| Abstract: | T T • X : ⊘ • X : ⊘ : Font default ∨ : | |
| | | |
| State Goal: 🕄 | Select A Goal | |

Back to Top

| Project Director | |
|-------------------|--|
| Director Name: | |
| Director Phone: 🕄 | |
| Director Email: | |

Back to Top

 \bigcirc

| Grantee: 3 | Select A Grantee | > |
|------------|------------------|-------------|
| | | |

Back to Top

| Additional Materials | | |
|--------------------------------|--------|---------|
| Attach File (file limit: 40MB) | | |
| | Browse | Upload |
| Enter URL 3 | | |
| | | Add URL |
| | | |
| | | |

Back to Top

| LSIA | MATCH-State | MATCH-Other | Tota |
|--|-------------|-------------|--------|
| alaries/Wages/Benef | fits | | |
| 0.00 | 0.00 | 0.00 | \$0.00 |
| escription | | | |
| Consultant Fees | | | |
| 0.00 | 0.00 | 0.00 | \$0.00 |
| | | | |
| Fravel | | | |
| Fravel | 0.00 | 0.00 | \$0.00 |
| Travel 0.00 Description | 0.00 | 0.00 | \$0.00 |
| Travel 0.00 Description Supplies/Materials | 0.00 | 0.00 | \$0.00 |

| Equipment | | | | | |
|------------------------------|------------|--------|--------|--------|--------|
| 0.00 | 0.00 | | 0.00 | | \$0.00 |
| Description | | | | | |
| Services | | | | | |
| 0.00 | 0.00 | | 0.00 | | \$0.00 |
| Description Other Operationa | I Expenses | | | | |
| 0.00 | 0.00 | | 0.00 | | \$0.00 |
| Description | | | | | |
| Totals: | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Back to Top

Intent 0



Back to Top

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Intent:

-- Select An Intent --

-- Select An Intent --

--- Lifelong Learning

Improve users' formal education.

Improve users' general knowledge and skills.

---- Information Access

Improve users' ability to discover information resources.

Improve users' ability to obtain and/or use information resources.

--- Institutional Capacity

Improve the library workforce.

Improve library's physical and technology infrastructure.

Improve library operations.

--- Employment and Economic Development

Improve users' ability to use resources and apply information for employment support. Improve users' ability to use and apply business resources.

--- Human Services

Improve users' ability to apply information that furthers their personal, family or household finances. Improve users' ability to apply information that furthers their personal or family health & wellness. Improve users' ability to apply information that furthers their parenting and family skills.

--- Civic engagement

Improve users' ability to participate in their community.

Intent:

| Improve users' ability to obtain and/or use infor | mation • |
|--|----------|
| Arts, Culture & Humanities | |
| Business & Finance | |
| Employment | |
| Personal Finance | |
| Small Business | |
| Civic Affairs | |
| Community Concerns | |
| Government | |
| Education | |
| After-school activities | |
| Curriculum support | |
| Environment | |
| General (select only for electronic databases or other data sources) | |

| Health & Wellness Parenting & Family skills Personal/Family health & wellness | |
|--|--|
| History Languages | |
| Literacy Adult Literacy Digital Literacy Early Literacy Reading Program (Not Summer Reading) Summer Reading | |

Science, Technology, Engineering, & Math (STEM)

| Library Infrastructure & Capacity | |
|--|--|
| Broadband Adoption | |
| Buildings & Facilities | |
| Certification | |
| Collection Development & Management | |
| Continuing Education and Staff Development | |
| Disaster Preparedness | |
| Library Skills | |
| Programming & Event Planning | |
| Research & Statistics | |
| Outreach & Partnerships | |
| Systems & Technologies | |
| | |

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Other

Activities 1

Add Activity

Back to Top

| Activity Information | | |
|----------------------|---|---|
| Title: * | | |
| Abstract: | T T <td></td> | |
| 🛃 «> 🔍 | | |
| Intent: * | Select An Intent | ~ |
| | Cancel Next >> | |

| Activity Information | |
|----------------------|-----------------------------------|
| Activity: * | Content • |
| Mode: * | Select An Activity Instruction |
| Format: * | Content Planning & Evaluation |
| | Cancel << Prev Next >> |

Activity Information

| Ac | ti | vi | ħ, | - | * |
|----|----|----|----|---|---|
| n, | u | VI | Ly | - | |

Mode: *

Format: *

| Content | • |
|---------------|---|
| Acquisition | • |
| Select A Mode | |
| Acquisition | |
| Creation | |
| Preservation | |
| Description | |
| Lending | |
| Other | |

| Activity Informatio | <u>n</u> |
|---------------------|-----------------------------|
| Activity: * | Content 🔹 |
| Mode: * | Acquisition • |
| Format: * | Digital |
| | Select A Format |
| | Digital |
| | Combined physical & digital |

Activity Information

Activity: *

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Mode: *

Format: *

Content

Acquisition

Digital

| Quantity Information | |
|--|----|
| Number of hardware acquired | 0 |
| Number of software acquired | 0 |
| Number of licensed databases acquired | 48 |
| Number of print materials (books & government documents) acquired | 0 |
| Number of electronic materials acquired | 0 |
| Number of audio/visual units (audio discs, talking books, other recordings) acquired | O |



Next >>

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

| Beneficiaries | |
|---|---|
| Is the activity directed at the library workforce (includes volunteers and trustees)? st | |
| Yes | |
| No | ۲ |
| Is the activity for a targeted group or for the general population? * | |
| Targeted Group | • |
| General Population | ۲ |
| Which best describes the geographic community of the targeted group? | |
| Urban | |
| Suburban | |
| Rural | |
| | |

| Which best describes the geographic community of the targeted group? | |
|--|--|
| Urban | |
| Suburban | |
| Rural | |
| Select one or more of the following activity target age groups. | |
| All Ages | |
| 0-5 years | |
| 6-12 years | |
| 13-17 years | |
| 18-25 years | |
| 26-49 years | |
| 50-59 years | |
| 60-69 years | |
| 70+ years | |
| | |

Cancel

<< Prev



| Locale | |
|------------------------------|---|
| Is the activity statewide? * | |
| Yes | ۲ |
| No | 0 |
| | |

| Institution Types | |
|--------------------|----|
| Public Libraries | 46 |
| Academic Libraries | 5 |
| SLAA | 1 |
| Consortia | 0 |
| Special Libraries | 0 |
| School Libraries | 78 |
| Other | 0 |

Cancel



Next >>


Back to Top





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Back to Top

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| ist any important findings or outcomes from your project: | 0 |
|---|----------------------|
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Project Status

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Selecting Completed will lock fields for further editing. If further editing is required after "Completing" the project, you can reselect Draft.

This project must be set to Completed to allow for the fiscal year's Report to be Certified and submitted to IMLS.

| Version: | | 1 | | |
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Validating Reports

Validating Reports

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State Library Dashboard

The purpose of the State Program Report (SPR) is to provide a record of grant-fur information on project outcomes, and share promising practices. IMLS uses these and the Office of Management and Budget about the agency's progress on addres which focus on learning, community, and content.

You do not have any alerts.

Validating Reports

Certify Financial and Project Reports

I certify to the best of my knowledge and belief that all these reports are correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Select a fiscal year: 2015



Validating Reports



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Select a fiscal year: 2015 •



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Select a fiscal year: 2015 Certify Reports Validate Reports

Interim Federal Financial Report



| Federal Agency and Organizational Element to Which Report is | Institute of Museum and Library |
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| Submitted | Services |
| Federal Grant or Other Identifying Number Assigned by Federal Agency * | |



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 Sandbox is available for testing and training: <u>http://imls-testspr.imls.gov</u>

- **Reporting Deadlines**
- FY 2015 Report (all projects and Final FSR)
 - December 29, 2016
- FY 2016 Interim FFR
 - December 30, 2016

Reminders

SPR Framework Webinar

- Wednesday, October 5th, 3:00 pm – 4:00 pm Eastern (2:00 pm – 3:00 PM Central; 1:00 – 2:00 pm Mountain; Noon – 1:00 pm Pacific; 11:00 am – Noon Alaska; 9:00 am – 10:00 am Hawaii)
- Draft Glossary will be shared before webinar

Mentors Update

Contact Us

- Robin Dale, Associate Deputy Director
 - <u>rdale@imls.gov</u>; 202-653-4650
- Teri DeVoe, Senior Program Officer
 - <u>tdevoe@imls.gov</u>; 202-653-4778
- Michele Farrell, Senior Program Officer
 - <u>mfarrell@imls.gov</u>; 202-653-4656
- Timothy Owens, Senior Program Officer
 - <u>towens@imls.gov</u>; 202-653-4776
- Faith Steele, Library Program Specialist
 - <u>fsteele@imls.gov</u>; 202-653-4714