

Office of Commonwealth Libraries

**PROJECT AND ACTIVITY REPORT**  
\* **INSTRUCTION ACTIVITY WORKSHEET** \*  
*Part 2*

In order to better capture the work of Pennsylvania libraries; IMLS is requiring specific activity reports for each area of intent that you indicated in Question 3 of Part I.

Activities are action(s) through which the intent or objective of a project are accomplished.

Grant Project Activities are categorized under four (4) general areas, each with further defined activity areas.

<b>General Activity Type</b>	<b>Specific Area</b>
<b>Instruction:</b> Involves an interaction for knowledge or skill transfer.	<i><u>Program</u></i> <i><u>Presentation</u></i> <i><u>Consultation</u></i>
<b>Content:</b> Involves the acquisition, development, or transfer of information.	<i>Acquisition</i> <i>Creation</i> <i>Description</i> <i>Lending</i> <i>Preservation</i>
<b>Planning/Evaluation:</b> Involves design, development, or assessment of operations, services, or resources.	<i>Retrospective</i> <i>Prospective</i>
<b>Procurement:</b> Involves purchasing facilities, equipment/supplies, hardware/software, or other materials (not content) that support general library infrastructure.	

Complete the Instruction Activity Worksheet if the project activities include:

**Programs:** Formal interaction and active user engagement (e.g., a class on computer skills).

**Presentations/Performance:** Formal interaction and passive user engagement (e.g., an author's talk).

**Consultations:** Informal interaction with an individual or group of individuals (library staff or other professional) who provide expert advice or reference services to individuals, units, or organizations.

Please identify at least one general Activity Type and complete the appropriate Worksheet

**Example:**

*Library's Project: Resume 101.*

*IMLS Project Intent is: EMPLOYMENT & BUSINESS DEVELOPMENT- Improve users' ability to use resources and apply information for employment support (see Figure 1).*

*For a successful project, the library will administer a class on creating a professional resume.*

- *This activity would fall under the **Instruction** general activity.*
- *The library would need to complete the **Instruction Activity Worksheet** including **Programs** data on the activity worksheet (see Figure 2).*

**Figure 1**



Project Summary

1. Federal Library Services & Technology Act (LSTA) Purpose

- Developing library technology, connectivity and services
- Providing targeted services to diverse populations or persons who have difficulty accessing services
- Providing services to promote life-long learning
- Developing public and private partnerships

2. Pennsylvania's LSTA Goals

- Facilitate statewide expansion of electronic and physical linkages to improve resource delivery
- Create opportunities for libraries to enhance their capacity to provide 21st Century resources, services and programs to their communities
- Preserve unique collections and prepare libraries for disaster recovery

3. LSTA Project Intent

Select at least one intent that describes the overall purpose of the project and provide at least one Activity Report for each intent. You can select an unlimited number of intents.

\*ACCESS TO INFORMATION\*

- Improve users' ability to discover information

**\* EMPLOYMENT & BUSINESS 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 use and apply business resources
- 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 and wellness
- Increase users' ability to apply information that furthers their personal and family health

**Figure 2**



**Programs**

Program Title

Number of times program administered

Number of sessions in program

Average session length (minutes)

Average number in attendance per session

✓ Please create a separate Instruction Activity Worksheet for each individual:

***Program, Presentation or Consultation/Reference.***

✓ Combine activities that were repeated or those of similar topics on one Activity Worksheet.

✓ Only report on activities paid in full or part with LSTA funds.

**Electronically submit the Project and Activity Report(s) as attachments to: [ra-LSTA@pa.gov](mailto:ra-LSTA@pa.gov).**

**Please put LSTA Quarterly Report OR Final Report respectively, followed by the Project Number in the subject line.**

## Quarter

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First Quarterly Report due January 15

Second Quarterly Report due April 15

Third Quarterly Report due July 15

## Project Information

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**Project Coordinator**

**Phone Number**

**E-mail Address**

**Organization (Grantee)**

**Project Number (FC or MO#)**

**Project Title**

## Instruction Activity Information

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Describe the individual **Program, Presentation** or topic of Consultation.

Include the title(s) and a brief description of the activity.

If an activity occurred in more than one content area submit a separate **Instruction Activity Worksheet** for each area.

Which instruction-related activity was administered?

Select one primary area of Instruction and provide the **Format** and **Quantities**.

## Format

How did you deliver this activity?

## Quantities

***Programs***

Program Title \_\_\_\_\_

Number of times **program** administered

Number of sessions in **program**

Average session length (minutes)

Average number in attendance per session

Number of libraries/organizations where the Programs took place:

Academic

School

Special

Public

SLAA

Other

***Presentation/Performance***

Presentation **OR** Performance Title \_\_\_\_\_

Number of **presentations/performances** administered

Average **presentation/performance** length (minutes)

Average number in attendance per session

Number of libraries/organizations where the Presentation/Performance took place:

Academic

School

Special

Public

SLAA

Other

***Consultation/Reference***

Total number of **consultation/reference** transactions

Average number of **consultation/reference** transactions per month

Number of libraries/organizations where reference services or consultation services took place:

Academic

School

Special

Public

SLAA

Other

# Beneficiaries Information

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*Select all that apply.*

- |                                      |                                                                    |                                                                                          |
|--------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All ages    | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Families                                                        |
| <input type="checkbox"/> 0-5 years   | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Immigrants/refugees                                             |
| <input type="checkbox"/> 6-12 years  | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Intergenerational groups (excluding families)                   |
| <input type="checkbox"/> 13-17 years | <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Library staff, volunteers and/or trustees                       |
| <input type="checkbox"/> 18-25 years | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Low income                                                      |
| <input type="checkbox"/> 26-49 years | <input type="checkbox"/> White or Caucasian                        | <input type="checkbox"/> People with disabilities                                        |
| <input type="checkbox"/> 50-59 years |                                                                    | <input type="checkbox"/> People with limited functional literacy or informational skills |
| <input type="checkbox"/> 60-69 years |                                                                    | <input type="checkbox"/> Unemployed                                                      |
| <input type="checkbox"/> 70+ years   |                                                                    |                                                                                          |
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- Rural       Statewide     Suburban     Urban

Identify the area(s) in which your partner(s) operates.  
*Select all that apply.*

Identify the legal type of your partner(s).  
*Select all that apply.*

- |                                                                    |                                                                        |
|--------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Not Applicable                            | <input type="checkbox"/> Not Applicable                                |
| <input type="checkbox"/> Adult Education (ESL, GED)                | <input type="checkbox"/> Federal Government                            |
| <input type="checkbox"/> Archives                                  | <input type="checkbox"/> State Government                              |
| <input type="checkbox"/> Cultural Heritage Organization Multi-type | <input type="checkbox"/> Local Government (excluding school districts) |
| <input type="checkbox"/> Higher Education                          | <input type="checkbox"/> School District                               |
| <input type="checkbox"/> Historical Societies or Organizations     | <input type="checkbox"/> Non-profit                                    |
| <input type="checkbox"/> Human Services Organizations              | <input type="checkbox"/> Private Sector                                |
| <input type="checkbox"/> Libraries                                 | <input type="checkbox"/> Tribe/Native Hawaiian Organization            |
| <input type="checkbox"/> Museums                                   |                                                                        |
| <input type="checkbox"/> Preschools                                |                                                                        |
| <input type="checkbox"/> Schools (K-12, Vocational)                |                                                                        |
| <input type="checkbox"/> Other                                     |                                                                        |

