



**Illinois State Library  
LSTA Post-Project Report - Appendix C  
Planning and Evaluation Activity Report**

**Electronically submit the Post-Project Report and Activity Report(s) as attachments to:**  
ISL\_grants@ilsos.net. Please put LSTA Post-Project Report followed by the project number in the subject line.

1. Project Number: \_\_\_\_\_
2. Title of Plan or Evaluation: \_\_\_\_\_
3. What type of planning and/or evaluation was administered?  
 Prospective  
 Retrospective
4. Select the manner in which the product, service or experience was delivered:  
 In-house  
 Third party
5. Provide the number of:  
1) Plans/evaluations funded: \_\_\_\_\_  
2) Plans/evaluations completed: \_\_\_\_\_
6. Describe the process and intended use of resulting plan or evaluation.
  
7. Check the types of partners who participated in this activity. Choose all that apply.  
 Not applicable  
 Federal government  
 State government  
 Local government (excludes school districts)  
 School district  
 Non-profit  
 Private sector  
 Tribe  
 Other: \_\_\_\_\_

**Activity Demographics:**

8. Was the activity directed toward a targeted group or the general population?
- Targeted group (provide more details in questions 12-19)
  - General population
9. Which best describes the geographic community of the targeted group?
- Urban
  - Suburban
  - Rural
10. Was the activity directed toward the library workforce (includes volunteers and trustees)?
- Yes
  - No
11. Was the activity directed toward families?
- Yes
  - No

***If the activity benefited a targeted group (not library staff) provide more details about the participants.***

12. Select one or more of the following activity targeted 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
13. Was the activity directed toward intergenerational groups (does not include families)?
- Yes
  - No
14. Was the activity directed toward ethnic or racial minority populations?
- American Indian or Alaska Native
  - Asian
  - Black or African-American
  - Hispanic or Latino
  - Native Hawaiian or other Pacific Islander
  - Not Applicable
15. Was the activity directed toward immigrants/refugees?
- Yes
  - No

16. Was the activity directed toward individuals who are economically disadvantaged?
- Yes. If yes, select one or more:
- Unemployed
  - People who are living below the poverty line
- No
17. Was the activity directed toward individuals with disabilities?
- Yes
- No
18. Was the activity directed toward individuals with limited functional literacy or informational skills?
- Yes
- No
19. Was the activity directed toward groups that fall into a category not mentioned above?
- Yes. Explain: \_\_\_\_\_
- No
20. Was this activity deployed statewide?
- Yes
- No

If yes, provide the number of libraries where this activity was administered:

- \_\_\_\_\_ Academic libraries
- \_\_\_\_\_ Consortia (includes library systems)
- \_\_\_\_\_ Public libraries
- \_\_\_\_\_ School libraries
- \_\_\_\_\_ Special libraries
- \_\_\_\_\_ State libraries

If no, can you identify specific locations?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_