

**California State Library
Library Services and Technology Act**

Quarterly Narrative Report

Quarter:

- First quarter – Jul, Aug, Sept.
- Second quarter – Oct, Nov, Dec.
- Third quarter – Jan, Feb, Mar.

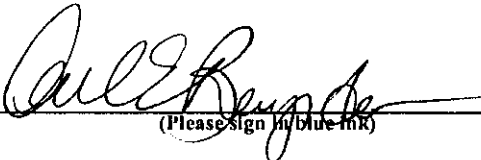
This report is due quarterly, thirty (30) days after each three-month period of the project's duration. Note that failure to submit these reports within the timeline of the grant program could jeopardize receipt of the final 10% grant payment. Submit ORIGINAL (please sign in blue ink) and TWO copies of the report to:

**California State Library
Budget Office – LSTA
P.O. Box 942837
Sacramento, CA 94237-0001**

Date: 2/20/06

Grant Award ID #: 40-6403

1. **Grantee:** California State University, Stanislaus
2. **Project:** Local History Digital Resources Program
3. **Describe significant events of this project report period. Relate activities to specific project objectives. Attach project statistics, publicity, publications, etc.** 1) Participated in quarterly project conference call; 2) made final selection of images to be scanned; 3) developed project workflow; 4) prepared packing slips and submitted first 100 images to designated vendor for scanning as scheduled; 5) began creating metadata records for scanned images.
4. **Outline planned activities for the next quarter. Note: if these differ from activities proposed in the application for this period.** 1) Participate in quarterly project conference call; 2) upload sample file of images and metadata to CDL server; 3) prepare packing slips and submit last 100 images to designated vendor for scanning as scheduled; 4) conduct quality control review of metadata records and revise as needed.
5. **Is the project on schedule as described and approved?** yes no
Is the project within budget as approved? yes no
If either box is checked "no", describe what corrective actions are being taken. n/a
6. **Note any other present constraints or foreseeable problems that may affect the outcome of the project. How can such problems be overcome?** n/a

7. **Signature:**  **Title:** Dean of Library Services
(Please sign in blue ink)

8. **Telephone:** (209)667-3607 **E-mail:** cbengston@csustan.edu