

California State Library
Library Services and Technology Act

RECEIVED
CALIFORNIA STATE LIBRARY
BUDGETS

Quarterly Narrative Report
2007 FEB 16 PM 1:35

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:

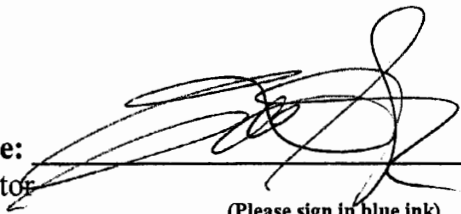
California State Library
Budget Office – LSTA
P.O. Box 942837
Sacramento, CA 94237-0001

Date: 1/30/07

Grant Award ID #: 40-6602

1. **Grantee:** Orange County Public Library
2. **Project:** Local History Digital Resources Project
3. **Describe significant events of this project report period. Relate activities to specific project objectives. Attach project statistics, publicity, publications, etc.** Installation of 2 Acquisition stations in the OCPL Cataloging Dept. Former OC Archivist, now branch manager, Dennis McGuire reviews all metadata for each image and will work with our Cataloging Dept. to make any necessary changes or modifications. Project coordinator and cataloging staff conducted a start-to-finish presentation of the LHDRP and Calisphere; the presentation took place at a December systemwide meeting (all OCPL branches are represented at systemwide meetings)
4. **Outline planned activities for the next quarter. Note: if these differ from activities proposed in the application for this period.** Continue to follow outlined activities; no extra activities have been planned.
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.
6. **Note any other present constraints or foreseeable problems that may affect the outcome of the project. How can such problems be overcome?** -na-

7. **Signature:**
Coordinator

A handwritten signature in black ink, appearing to read 'Renee Welling', is written over a horizontal line. The signature is somewhat stylized and scribbled.

(Please sign in blue ink)

Title: Renee Welling, Adult Services

8. **Telephone:** 714 566-3048

E-mail: rswelling@ocpl.org