

California State Library
Library Services and Technology Act

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 CALIFORNIA STATE LIBRARY
 BUDGETS

Quarterly Narrative Report

2006 NOV -3 PM 3: 23

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:

Grant Award ID #: 40-6603

1. **Grantee:** Placentia Library District
2. **Project:** Local History Digital Resource Project
3. **Describe significant events of this project report period. Relate activities to specific project objectives. Attach project statistics, publicity, publications, etc.** Two members of library staff and a representative from the History Committee began the Project by attending the 2 introductory training sessions.

Afterwards we enlisted the cooperation and assistance of 3 other members of the History Committee, who are now our Project Advisors.

As part of our pre-project survey the Project Advisors reviewed our photo collection and decided on a thematic focus. They then selected the first group of 50 items for scanning. For each item they have completed a worksheet to which we will refer when entering metadata into contentDM. We feel that we are on schedule with the Project timetable.

The Project has "enlivened" the History Committee. They have approached the task with enthusiasm, for they see the long term benefit of digitizing our local history in order to preserve and share it.

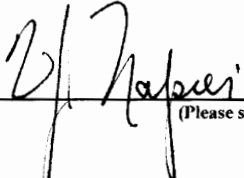
4. **Outline planned activities for the next quarter. Note: if these differ from activities proposed in the application for this period.**
5. **Is the project on schedule as described and approved?** **yes** **no**

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?

7. Signature: 
(Please sign in blue ink)

Title: *Tech Serv Mgr*

8. Telephone: 714-328-1925 x207

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