ALAAmericanLibraryAssociation



Final Report Form

This report must be submitted by **June 30, 2010** to:

ALA Public Programs Office Great Stories Club 50 E. Huron St. Chicago, IL 60611

Name of Library:				
Address:				
City, State, Zip:				
Phone:	Email:			
Name and Title of Project Director:				
Name of Partnering Organization (if applicable):				
Contact Person for Partner Organization (if applicable):				

Please answer the following questions, attaching additional pages as necessary.

1. Describe your Great Stories Club program. Please include program dynamics, information about your partner organization (if applicable), actual versus anticipated attendance, and any changes to your original program plan.

2. Describe the audience targeted and served including the exact age range and gender of participants. Please also include demographic information as well as detail on why the population is considered troubled or at-risk.

3.	Please provide the following information about your Great Stories Club program. Space for the
	three required book club meetings has been provided; additional space is available for libraries that
	hosted additional programs.

Number of Teen Attendees

4.	Total	number	of	books	distributed	to	teens	
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- 6. Does your library plan to apply for the next round of Great Stories Club grants?
- 7. Does your library or partner organization have plans for future book discussion programs targeting troubled/at-risk teens? If so, please describe your plans.

8. How has the Great Stories Club positively impacted your library and the teens you serve? If possible, include quotes from program participants (teens, library staff, partner organization staff, and other community members).
9. If you received a cash grant, how was the money used?
10. Please provide copies of any recruitment or promotional materials that were used for your program, as well as copies of any publicity received.