For best results, complete this form on-screen and print. Information that exceeds the limits of the text boxes should be copied and pasted into a Word document and attached for submission.

PRIME TIME FAMILY READING TIME®
Affiliate's Final Report

NOTE: For coordinators conducting a PRIME TIME program outside of Louisiana with locally secured funds (NOT an NEH grant administered through the LEH), *this is the only form the LEH requires*. Please submit within 4 weeks of program completion.

Library/Site: _____

City, State: _____

Dates of Program (mm/dd/yy): _____ to _____

Scholar: _____ Storyteller: _____

Program Coordinator: _____

Which PRIME TIME Series have you selected? (check one)

☐ **PT1** *(Favorites)* ☐ **PT2** *(Animal Tales)* ☐ **PT3** *(Onward & Upward)* ☐ **PT4** *(Journeys)*

☐ **PT1-Bilingual** *(Favorites)* ☐ **PT 2-Bilingual** *(Animal Tales)* ☐ **PT3-Bilingual** *(Onward & Upward)*

1. Enrollment:
Number Registered: _____ Total Participants _____ Total Families

2. Attendance:
Session 1:_____ Session 2:_____ Session 3:_____ Session 4:_____

Session 5:_____ Session 6:_____ **Total Attendance:**_____

Number of Certificates of Completion Awarded: _____

3. Number of library cards issued to participants:
Adult: _____ Juvenile: _____ **Total:** _____

4. Are you aware of any PRIME TIME participants who entered adult literacy programs as a result of attending the program? ___Yes ___No

5. Please attach any media coverage you receive, as well as a sample brochure, flier, and certificate of completion.

6. Additional comments (OPTIONAL):
Please attach funding information (including copies of successful grant proposals you may want to share) that may be useful to others seeking funding for PRIME TIME in their state. Also, provide any anecdotes based on your observations/ experience with PRIME TIME.

Please submit to:

Miranda Restovic, PRIME TIME
Louisiana Endowment for the Humanities
938 Lafayette St., Suite 300
New Orleans, LA 70113