

Galway Public Library Story Quilt Fund  
Final Report

Please return within 30 days of completion of your grant project/program to  
Galway Public Library, P. O. Box 207, Galway NY 12074

Artist Name:

Date:

Address:

E-Mail:

Phone:

Please give a brief description of your Story Quilt Fund project/program.

Did you change your project/program as outlined in your application? If so, please explain changes here.

Please describe the community you targeted with your project/program and the nature of your interaction with them. What were the reactions to your project/program? Include specific comments from participants if you wish.

Did the project meet your expectations as outlined in your application? Were there any unexpected benefits for you?

Do you have any suggestions for improvement or changes in the Story Quilt Fund application or administration?