



## Traverse des Sioux Library System

1400 Madison Ave., Suite 622  
Mankato, MN 56001  
<http://tdslib.org>

PHONE 507-625-6169  
Toll-Free 800-450-6169  
FAX 507-625-4049

FOR OFFICE USE ONLY

Application # \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

### Arts and Cultural Heritage Fund (ACHF) Combined Final Report Form / 20% Form

*This Combined Final Report / 20% Form must be completed and returned within 30 days of completion of the project. This Form is also available electronically at <http://tdslib.org/achf>. The information given in this form is shared with Minnesota's legislators.*

Please send as both a Word document and a hard copy

**Name of the Organization:** New Ulm Public Library

**Activity/Program Title:** U.S.-Dakota War Series: Candace Simar, historical fiction

**Activity Type:** Subgrant

**Description of program – Full detail to include presenter(s) -**

Historical fiction author Candace Simar spoke at all five Brown County public libraries as part of an ongoing U.S.-Dakota War Series. Candace's presentation lasted about 30 minutes, and she shared a reading of poetry and prose as well as talked about her writing process and experience. She followed that with a question-and-answer session and a book signing.

**Proposed Measurable Outcomes: End User**

Measurable Outcomes may be collected by survey, anecdotal responses, pre-test/post-test, observations; Describe proposed end user change in Behavior, Attitude, Skills, Knowledge, Condition and/or Status.

Written evaluations forms were available at all programs. A majority of participants were expected to learn something about writing historical fiction; learn something about this author's writing process; and enjoy the program.

**Measurable Outcomes:** State end user change in Behavior, Attitude, Skills, Knowledge, Condition and/or Status based on their response to program.

See attached compilation of written evaluations.

In addition, a participant in the New Ulm program stated that Candace's event has motivated her to write her family history in a historical fiction format.

**Activity Details:**

- **Event Dates, Locations and Attendance at each individual event:**

Tuesday, October 25, 2011, 7 p.m. – Springfield Public Library (Attendance: 28)

Wednesday, October 26, 2011, 3:30 p.m. – Comfrey Area Library (Attendance: 9)

Wednesday, October 27, 2011, 7 p.m. – Dyckman Free Library, Sleepy Eye (Attendance: 15)

Thursday, October 28, 2011, 3 p.m. – Hanska Community Library (Attendance: 3)

Thursday, October 28, 2011, 7 p.m. – New Ulm Public Library (Attendance: 8)

- **Partner Organization(s):** Author Candace Simar, Brown County Historical Society, Sleepy Eye Area Historical Society, Springfield Area Historical Society, New Ulm Community Access Television, local businesses and media outlets.
- **Partner Organization(s) Contribution/Role in the Program:**  
 Author Candace Simar – presentations  
 Brown County Historical Society – publicity  
 Sleepy Eye Area Historical Society – publicity  
 Springfield Area Historical Society – publicity and refreshments at Springfield event  
 New Ulm Community Access Television – filmed New Ulm event for cablecast  
 Local businesses and media outlets – publicity

Additional details clarifying the program outcome

**Program Outputs:** Outputs are things you can count such as attendance, number of new participants, and the number of attendees who had never been at a similar event, and so on.

Total attendance: 63 for five programs

Activity/Program Title	Budget	Final Total Expenses	** Partner Financial Support	
			Actual \$\$	In Kind
Personnel (coordination and development)				\$75
Advertising/marketing of program	\$100	\$96.60		
Contracted Services (honorarium, travel, hotel)	\$1411	\$1259.70		
Technology/equipment				
Collection (10% max)	\$150	\$105.70		
Materials (consumables)				
Evaluation				
Other (break out costs)				\$20
<b>Activity Subtotal</b>	\$1661	\$1462	\$0.00	\$95

\*\* Partner Financial Support: Actual \$\$ = cash, checks or other financial donations to the program;  
 In Kind = Time, Goods or other non-financial contributions to the program.

Attach all receipts and supporting documents, such as schedule of activities; reports and publications; copies of printed publicity, programs, newspaper clippings, press releases to other media outlets, screen shots of web sites or photos.

You may include either a .pdf file of all such materials or a second hard copy if you lack the ability to scan these documents.

**We sent a Thank You letter to our legislators.** Attached is a copy. (Final Payment will not be paid if copy of letter is not attached!)

**Certification.** We certify that the information contained in this report is true and correct to the best of our knowledge. I acknowledge that we've made a copy of this final report for our records.

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Project or Library Director

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Date

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Authorizing Official / Board President

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Date



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In order to receive the final payment of the grant, the grantee must send this completed form. Make a copy of this document for your records.

**Program Name** \_\_\_\_\_ U.S.-Dakota War Series: Candace Simar, historical fiction\_

**Name of the Organization** \_\_\_\_\_ New Ulm Public Library\_\_\_\_\_

**Name of the Library or Program Director** \_\_Kris Wiley\_\_\_\_\_ (Fiscal Agent, if applicable)

**Library or Program Director's Signature** \_\_\_\_\_ (Fiscal Agent, if applicable)

<b>Make Checks Payable to:</b>	
<b>Name of Organization:</b>	_____ Friends of the New Ulm Public Library_____
<b>Address</b>	_____ 17 N Broadway_____
<b>City/State/Zip</b>	_____ New Ulm, MN 56073_____

Submit form, receipts and attachments to:

Dayle Zelenka, Executive Director  
Traverse des Sioux Library System  
1400 Madison Avenue, Suite 622  
Mankato, MN 56001

[dzelen@tds.lib.mn.us](mailto:dzelen@tds.lib.mn.us)  
507-625-6169, ext. 28

## FOR OFFICE USE ONLY

Type of Grant \_\_\_\_\_

Application Number \_\_\_\_\_

Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Amount of Grant \$ \_\_\_\_\_

Actual Amount Spent \$ \_\_\_\_\_

Check Amount & Number \$ \_\_\_\_\_ # \_\_\_\_\_

Date Check Issued \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_