



Minde Browning Professional Development Fund
Grant Report Form

Grant Number _____ Date of Report _____

Contact Person/Title _____

Organization Name _____

Phone _____ Fax _____ E-mail _____

Name of the professional development opportunity you attended:

What new ideas or skills did you learn?

How will you implement the new ideas or skills?

What is the community impact of this grant (both library community and Marion Co/Indianapolis community)?

How will you measure the community impact?

How has this opportunity impacted your work?

How will you share what you have learned with others at your organization?

How would you be willing to share the new ideas or skills with other library staff in Marion County?

- ___ a visit from those staff to your building
- ___ visiting the staff at their building
- ___ doing a short group presentation at a Library Partners meeting
- ___ writing and sharing a more formal "best practices" or "how-to" piece
- ___ other _____

Would you recommend that others attend the same opportunity if it is offered again? _____

Why would you make that recommendation?

Would you attend the same opportunity if it is offered again and why?

Please email this form to grantreports@cicf.org.