

KentuckyHistoricalSociety

Kentucky Oral History Commission
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Kentucky Oral History Commission Transcription Grant Interim Report Deadline: December 1, 2013 FY 2013

1. Project Title:
2. Project Director:
3. Fiscal Agent (if applicable):
4. Mailing Address:

5. Phone Number:
6. Email Address:
7. Contact Person for this Report:
8. Number of Transcriptions Completed:
9. Number of Transcripts Audited:
10. Please provide a brief description of your progress toward fulfilling the activities outlined in your grant proposal.

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink*

Project Director's Signature:

Date:

Print Name:

Title: