

# KentuckyHistoricalSociety

Kentucky Oral History Commission  
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## Kentucky Oral History Commission Preservation Assistance Grant Interim Report FY 2015

1. Project Title	
2. Project Director	
3. Fiscal Agent (if applicable)	
4. Mailing Address	
5. City, State, Zip	
6. Phone Number	
7. Email Address	
8. Contact Person for this Report	
9. Number of Interviews Digitally Migrated	
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.*

Project Director Signature:	Date:
Print Name:	Title: