

**COUNTY HISTORIAN REPORT FORM
2024-2025**

Reporting Dates: **November 10, 2024** **April 10, 2025**

County _____ District _____

Number of Units in County _____ Number of Units Reporting _____

County Historian's Name _____

Phone # _____ Email _____

_____ **County does not have a Historian**

Check the Activities / Programs that the Units carried out:

- _____ Retain records (minutes, treasurer, and correspondence)
- _____ Document events through photos
- _____ Retain Newspaper Articles and other Publicity
- _____ Create a Picture History
- _____ Create a Written History

Did any Unit celebrate a special anniversary this year? _____

How did they celebrate it? _____

Did any Unit receive any special awards or recognition during this report period? Please describe. _____

Impact Numbers

4. Our Service Representing the ALA in Our Community

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

**County Historian send a copy of this report to the Department Historian
Keep a copy for your records**

**Patricia Galley
PO Box 3
Bliss, NY 14023
C: 585-322-3932
nyalahistorian@gmail.com**

