Quarterly Progress Report

Department for Local Government - Office of State Grants

Funding Prog/House Bill: _____ Proj ID# _____

Project Title: _____

County: (COUNTY) Contact Person: _____

Contact email: _____ Phone: _____

Project Allocation: _____ Total Expended to Date: _____

LEGAL APPLICANT: _____

Reporting Period Check One:	☐ Jul-Sep (Due by 10/30)	☐ Oct-Dec (Due by 1/30)	☐ Jan-Mar (Due by 4/30)	☐ Apr-Jun (Due by 7/30)

Expected Completion Date: _____

Project Status Report:

previous draws: _____ Total amount rcvd to date: _____

List all financial transactions that occurred during this quarter :

Payable	Amount	Purpose

List all financial documentation (cancelled checks etc) not previously submitted that are included with this report. Attach additional pages if necessary.

- _____
- _____
- _____
- _____

Chief Executive Signature:: _____ Date: _____

DLG Use Only: This Quarterly Progress Report is hereby certified:

DLG Staff Review _____ Date: _____