

# Quarterly Progress Report

Department for Local Government - Office of State Grants

Funding Prog/House Bill: \_\_\_\_\_ Proj ID# \_\_\_\_\_

Project Title: \_\_\_\_\_

County: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Allocation: \_\_\_\_\_ Total Expended to Date: \_\_\_\_\_

LEGAL APPLICANT: \_\_\_\_\_

Reporting Period Check One:	Jul-Sep <small>(Postmarked by 10/30)</small>	Oct-Dec <small>(Postmarked by 1/30)</small>	Jan-Mar <small>(Postmarked by 4/30)</small>	Apr-Jun <small>(Postmarked by 7/30)</small>
--------------------------------	---	--	--	--

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: \_\_\_\_\_

3rd Party Recip Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

DLG Staff Review \_\_\_\_\_ Date: \_\_\_\_\_