

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>
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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: _____