Grant Project Status Report

Month of: _____

Project Title: _____

Neighborhood Association: _____

Contact Person: _____

Telephone: (Day) _____ (Evening) _____

Project Elements	**Work Accomplished**	**% Completed**

Problems Encountered: _____

_____

_____

_____

_____

Expenditures

Cash Expenses (Itemize/attach receipts)

_____ $_____

_____ $_____

_____ $_____

Volunteer Hours

_____ $_____

_____ $_____

_____ $_____

In-Kind Contributions (Equipment and Materials)

_____ $_____

_____ $_____

_____ $_____

Total Expenditures $_____

_____

Contact Person (Signature) Date