

Council on Culture & Arts
Cultural Facilities Grant Program Interim Report Form

Organization Name: _____

Project Name: _____

Today's Date: _____

Total Project Budget: _____

Total Facilities Grant Award Amount: _____

Total Facilities Grant Award Funds Received TO DATE: _____

Check one

- First Progress Report
- Second Progress Report
- Final Report

Please NOTE:

For Each Progress Report, Please include **cumulative** narrative and financial information on the status of the grant at the end of the reporting period indicated above.

Section I: Summary of Work Completed

Please describe the work that has been accomplished to date (in accordance with the Scope of Work (Attachment A) and Project Budget (Attachment C) within the Facilities Grant Award Agreement.

Section II. Schedule of Expenses and Income

A. Please list all EXPENSES (actually PAID, not projected or encumbered) for the grant project. This itemization should be cumulative (as of the reporting deadline) and should correspond to the narrative in Section 1 of this report). This information should also be in accordance with the Project Budget (Attachment C) in the Grant Agreement.

	MATCH	GRANT FUNDS
Land Acquisition	_____	_____
Building Acquisition	_____	_____
Architectural Services	_____	_____
General Requirements	_____	_____
Site Construction	_____	_____
Concrete	_____	_____
Masonry	_____	_____
Metals	_____	_____
Wood and Plastic	_____	_____
Thermal and Moisture Protection	_____	_____
Doors and Windows	_____	_____
Finishes	_____	_____
Specialties	_____	_____
Equipment	_____	_____
Furnishings	_____	_____
Special Construction	_____	_____
Conveying Systems	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
Subtotals of EXPENSES	_____	_____

Section II. Schedule of Expenses and Income

B. Please list all Income (actually RECEIVED to date).

Total Grant Funds (Funds RECEIVED from THIS GRANT) _____

Matching Funds

Total Private Support _____

Total In-Kind Private Support _____

Corporate Support (Cash) _____

Total In Kind Corporate Support _____

Total Local Government Support _____

Total In Kind Government Support _____

Total Federal Government Support (Cash) _____

Total Federal Government In Kind Support _____

Applicant Cash _____

TOTAL MATCH RECEIVED _____

TOTAL PROJECT INCOME (Match Received + Grant Funds Received) _____

Section III. Certification

I certify, under penalty of perjury, that this report presents an accurate and complete description of the grant activity within the report dates indicated above, and that the conditions of the grant have been complied with.

Signature of Authorizing Official for the Grantee

Print Name:

Title:

Date:

For Final Reports Only:

If this is the final report, the architect, engineer or contractor must sign below.

I certify that this report represents an accurate and complete description of the grant activity within the report dates above.

Signature of Architect, Engineer or Contractor (as appropriate)

Name:

Title:

Date: