### **Progress Report Form**

Quarterly	Final			
Sponsor:				
Sponsor Tax ID #:				
Contract number:				
Date of Report:				
Reporting Period:				
Form Completed By (Name & Title):				
E-mail address:				
Effective Date of Contract:				
End Date of Contract:				
Anticipated Completion Da	te:			
Financial Report				
State Expenditures				
Total State Contract Funds:				
Previous State expenditure	s:			
State expenditures this reporting Period:				
Total State expenditures:				
Balance of State Funds:				
Recipient Share (Match)				
Total recipient share:				
Previous Recipient share of expenditures:				
Expenditures this reporting	; period:			
Total Share expenditures:				
Remaining recipient share to be provided:				

#### **Encumbered Amount (Amount Contracted)**

Total State Contract:
Amount of contract Encumbered:
Amount of contract Unencumbered:
Performance Report –
Description of work done this quarter (if no work was done this quarter please explain):

Project Schedule:
Any delays:
Yes
No
If any delays or problems, please explain:
Project Cost Status:
Cost Unchanged
Cost Overrun
Cost underrun
If Cost is Overrun or Underrun, please explain:

(Attach additional sheets as necessary.)

Once form is complete, please attach to the email the budget report for this quarter and any relevant photographs, charts or other documentation that helps demonstrate the status of the project.

Signature – Authorized Signer	
Date	
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Email quarterly reports to <b>Heather.Rei</b>	chert@ncagr.gov