



CONTRACT STATUS REPORT

The information provided on this report is used to review the progress of DCF-funded Contracts. **The Contract Transaction Report will NOT be processed WITHOUT a Contract Status Report, a Contract Itemization Report, and any other required documentation as established in the Contract.** Please submit this form according to the timeline established in your Contract. **Forms MUST be submitted to the DCF Contract Administrator designated to your Contract.**

Vendor Name				
Street Address*				
City		State	Zip Code	
E-Mail				
Phone Number			Fax Number	
Contract Year (from/to) (mm/dd/yyyy)		Reporting Period (from/to) (mm/dd/yyyy)		
Contract Number			Contract Amount	

*Physical address required, including 9-digit zip code

ADDRESS EACH OF THE FOLLOWING (attach additional pages as needed):

1. Provide a summary of the activities conducted during this reporting period. Specifically describe the progress that was made towards achieving the Contract Performance Measures? Explain if timelines are being met in order to achieve the Contract Performance Measures?

2. Identify problems and obstacles, if any, and describe how they will be addressed.

3. What goals are planned for the next reimbursement period?

LAST QUARTER ONLY (Final Status Report) (attach additional pages as needed):

1. Detail to what extent each Performance Measure was achieved.

2. How does your agency plan to use these and any other evaluation results?

Contract Project Director Signature: _____ Date: _____

DCF Contract Administrator Signature: _____ Date: _____