



# STATUS REPORT

The information provided on this report is used to review progress on DCF-funded, **project-based grant awards** (not applicable to formula-based awards). **Budget Transaction Reports will not be processed without a Status Report for the reporting period on file, a Budget Itemization Report, and any other required documentation as established in your Notification Of Grant Award.** Submit this form to your designated DCF Program Manager according to the timeline established in your Notification Of Grant Award.

<b>Grantee Agency</b>		<b>Grant Year (from/to) (mm/dd/yyyy)</b>	
<b>Street Address*</b>			
<b>City, State, Zip*</b>		<b>This Report Is For The Period (from/to)</b>	
<b>E-Mail</b>			
<b>Phone Number</b>		<b>Grant Number</b>	
<b>Fax Number</b>		<b>Grant Amount</b>	

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

**1. Provide a summary of activities conducted during this reporting period. Be specific in describing what was accomplished. What progress was made toward achieving the Performance Measures as stated in your Notification Of Grant Award? Are timelines being met for achieving the Performance Measures?**

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

**3. What goals are planned for next quarter?**

**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?**

*\*physical address required, including 9-digit zip code*

**Grantee Project Director                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_**

**DCF Program Manager                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_**