



STATUS REPORT

The information provided on this report is used to review progress on DCF-funded 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.

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

PROGRESS RELATED TO GRANT OBJECTIVES (attach Quarterly Reports as appropriate):

1. FFY Year To Date Information and Referral Services Provided:

2. FFY Year To Date Unduplicated Number of Consumers Served:

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

Grantee Project Director **Signature:** _____ **Date:** _____

DCF Program Manager **Signature:** _____ **Date:** _____

Strong Families Make a Strong Kansas