



The Community Foundation
for South Central New York

PERIODIC REPORT FORM

AGENCY: _____ 6 Mo. ___ Other ___ DATE: _____

NAME & TITLE OF PERSON REPORTING: _____

GRANT CONTRACT #: _____

TELEPHONE NUMBER: _____ E -MAIL ADDRESS: _____

PROGRAM: On a separate sheet of paper, please write a few paragraphs describing progress on your project since the last report or since the grant was awarded. Where possible, this should be tied to stated objectives and outcomes in the proposal. If the outcomes/objectives have been modified in any way, this information should be included. **We are interested in any problems that you may have encountered.**

STAFFING PLANNED FOR PROJECT: _____ PRESENT STAFFING: _____

FINANCES:

TOTAL INCOME PLEDGED OR PAID FROM **ALL** SOURCES TO DATE: _____
(Include any information about requests for funding which have been postponed, denied, or have had no response.)

TOTAL BUDGETED PROJECT EXPENSES: _____

ACTUAL EXPENSES INCURRED TO DATE ON THE **ENTIRE** PROJECT: _____

WILL THE BUDGET SUBMITTED WITH THE PROPOSAL REQUIRE REVISION? _____ IF SO, PLEASE EXPLAIN HOW THIS IS BEING ADDRESSED AND ATTACH A COPY OF THE PROJECT BUDGET, SHOWING ANY REVISIONS.

SCHEDULE: PLANNED TIMELINE FOR PROJECT: FROM: _____ TO: _____

IS PROJECT PRESENTLY ON SCHEDULE? _____ (IF NOT, INDICATE REASONS)

ADDITIONAL INFORMATION: Include copies of any publicity which may have occurred regarding this project, including promotional mailings.

Send your report to: *Robert Jensen, Program Officer, Community Foundation for South Central New York*
520 Columbia Drive, Suite 100, Johnson City, NY 13790