

Penn Treaty Special Services District
PROGRESS REPORT FORM

Please provide as much information as appropriate for the **Interim Report Period** or
In the case of a **Final Report**, for the full grant period.

GRANT AMOUNT: \$ _____

GRANT AWARD DATE: _____

ORGANIZATION: _____

COMPLETED BY: _____

DATE SUBMITTED: _____

Please check one: **INTERIM REPORT (6-Month)** **FINAL REPORT (Annual)**

Please check one: **General Operations Grant**

Program Grant

Capital Improvement Grant

Capacity/Technical Assistance Grant

Other Grant

FINANCIALS — ALL must be submitted to be considered for future funding from the PTSSD.

- Attach actual end-of-year income and expenses for the year in which the grant was used.
- Using the original budget included with your proposal, provide an itemized budget of actual expenses and income for the project for this period. Provide a brief narrative for variances of 10% or more from proposed budget.
- Include a detailed, complete accounting of how the specific grant dollars were spent. Please include copies of receipts and/or invoices.
- Please provide selected material relating to the funded project: Press or News Items, Brochures, Letters of Support, Photos

As of the date of this submission, are there unused funds from this grant in your account?

Yes. There is \$ _____ in unused funds. **No**

Who else has funded this project, and at what level?

Describe any organizational achievements and setbacks, which have occurred during the grant period.

Describe significant board and/or staff changes since receiving the grant.

List the original goals and objectives of the grant.

How were these goals met during this reporting period? Include the impact on your organization, community and/or neighborhood served.

In what ways, if any, did the actual project vary from your initial project plans?

Describe any anticipated / unanticipated outcomes, benefits, or challenges encountered with this project.

What are the most important results and lessons you have learned from this project, and what – if anything – would you do differently?

What are your future plans for this project? Briefly describe any rationale for on-going funding, expansion, replication or termination.

NAME _____
President / CEO / Executive Director

SIGNATURE _____

_____ **DATE** _____

Please print out this report and sign this page.

Scan this page, your receipts & invoices, and email this Report to ptssd.secretary@gmail.com

or post hardcopy to:

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