



**Community Services Provider Program
Quarterly Progress Report**

Organization Name: _____

Address: _____

Reporting Contact Person: _____

Organizational Role: _____

Phone: _____

Email: _____

Reporting Period: _____

Provide an overview of your progress with the funded project.

Did you experience any challenges during the activity period? If yes, how did you address the challenges you experienced?

What impact did the grant have on the population you serve?

Provide any quantifiable data on your target population (i.e. number of citizens served, number of community service events, etc.)

If the project involved collaboration with other organizations, please describe?

Please provide a detailed description of how funds have been spent?

Have there been any organizational changes (e.g., administrative or staff changes since grant was approved)?



Please attach:

- a) A cumulative itemized list of expenditures that were financed with Douglas County funds, (background documents, including receipts and invoices should be available upon request); and
- b) The amount of Douglas County funds remaining unspent at the end of the quarter.

Please attach additional pages as necessary to explain any of the questions or to address budget allocations.

Certification

The signature below represents attestation of the following:

The report form is completed in its entirety by the most appropriate representative of the organization and is completed with truthful and accurate information.

Print Name and Position

Signature

Date