City of Annapolis
Department of Planning & Zoning
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Hours: 8:30 a.m. through 4:30 p.m. Monday through Friday, except holidays

Annapolis Community Grant Program
Quarterly Progress Report

Organization Name _____ Date _____

Project/Program Name _____

Fiscal Year 2013 Quarter ___ 1 ___ 2 ___ 3 ___ 4

Part I

1. Program/Project Goals, Objectives, and Performance Measures (as identified in your grant agreement)

2. Describe how you have or have not met these goals, objectives, and performance measures. Do you anticipate meeting your annual measures by end of the grant period? If not, please explain why.

3. Describe the program activities and/or outcomes achieved this quarter. How many participants were engaged in these activities?

4. Were there any unexpected outcomes, positive or negative, from this grant?

5. Please, note specific successes or obstacles this quarter. If there were obstacles, how did you overcome them?

6. How does your project's status compare with your originally anticipated timeframe and results?

7. Is there anything else you would like to tell us?

Part II. Budget to Actual -- Expenditures to Date

1. Were grant funds spent for any purpose other than those outlined in your grant agreement? If so, please explain.

2. Actual Year to Date Budget (You may attach a separate spreadsheet.)

		Actual				
Item/Description	Budgeted Amount	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year to Date Total
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
Totals	0.00	0.00	0.00	0.00	0.00	0.00