



**COMMUNITY IMPROVEMENT GRANT
REPORT FORM**

Grantee	Today's Date
Project Title	
Type	
<input type="radio"/> Quarterly <input type="radio"/> Final <input type="radio"/> Extension to: / /	

Please provide the following updates:

1. Estimated date of project completion: _____

2. Is your project within budget? YES NO

If no, please explain:

3. Can your project be completed within the grant timeline? YES NO

If no, please explain:

4. Describe the progress or work that has been completed since the last report.

(Use additional pages if needed)

5. What are the next steps, when will they occur and are there any issues in completing the project?

6. Describe the matching funds or volunteer hours that have been used since the last report.

7. Please attach a few photos of your project. (Digital files preferred)



**COMMUNITY IMPROVEMENT GRANT
PAYMENT REQUEST FORM**

Project Number (Office Use Only)	SSN/Tax ID
Grantee	
Project Title	
Type <input type="radio"/> Reimbursement <input type="radio"/> Final <input type="radio"/> Extension to: / /	
a. Grant Amount	\$ _____
b. Funds Received to Date	\$ _____
c. Available Amount	\$ _____
d. Amount of the This Request	\$ _____
e. Remaining Funds After This Payment	\$ _____
Send check to:	
Name	
Street Address	
City/State/Zip	
Attention	
Phone	Email
I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this report, and any accompanying documents, for the above payment request are true.	
Signature	Title
Date	
Payment Approval Signature (Office Use Only)	
Date	