



## **COMMUNITY ENHANCEMENT PROGRAM GRANT Interim Report**

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Title of Project/Program:

Applicant Organization (Project Sponsor):

Date of Project Completion:

Grant Amount:

Contact Person:

### **Project Report**

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1. Project Description: Describe the progress that has occurred with the Community Enhancement project, including any challenges, accomplishments, or major changes from the original proposal.
2. Is the project currently on schedule? Are there any potential challenges that may create an issue with completion?

### **Interim Budget Report**

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3. Budget: Describe how grant funds have been spent to date. Describe any significant changes to your original budget estimates (if applicable).



## COMMUNITY ENHANCEMENT PROGRAM GRANT



Project Budget						
Expense Type:	CEP	Sponsor Matching Funds	In-Kind estimated Volunteer hours	In-Kind Matching Support *	Other Source	Total project cost
Personnel Services						
Materials & Supplies						
Capital Assets						
Administration						
Other (please explain)						
Total						

Match funds and Project Budget: List all sources to be used for match funds (e.g. volunteer hours, cash, and in-kind donations).

\* For the 2026-27 grant cycle \$36.44/hour is used to calculate the value of volunteer labor.

### Total Estimated Cost

\$ of Total Budget provided by CEP funds

% of Total Budget provided by Sponsor and other sources

The undersigned certifies that the information in the application is true and complete to the best of their knowledge.

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Signature of Party Authorized to  
Represent the Organization

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Printed name

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Date