



Progress Report - Activity Report

PERIOD COVERED IN THIS REPORT:

Period Start Date: _____ Period End Date: _____

PROJECT INFORMATION

Recipient: _____ File Number: _____

Project Title: _____

1 - ASD FUNDING

Regarding this project, was there any previous funding provided by ASD: Yes: ____ No: ____

Total Amount Previously Received: _____

ASD FUNDING		
		Total Funding Approved by ASD
Amount Spent	Report 1	-
	Report 2 (if applicable)	-
	Report 3 (if applicable)	-
	Report 4 (if applicable)	-
Amount Projected to be Unused (Total funding - Previous Payments)		=

2 - ACTIVITIES & SUPPORTING DOCUMENTS

Please provide a summary of the activities conducted during this reporting period.

Empty box for summary of activities.

Supporting Documents	Attached	Not Applicable
Progress Report of Participants		
Attendance Records		
Invoices/Proof of Payments		

3 - Additional Comments

Empty box for additional comments.

**SIGNATURE OF THE RECIPIENT
OR AUTHORIZED REPRESENTATIVE**

DATE

I certify that all the information above is as proposed in the funding agreement, and I am aware that if there should be any changes to the original agreement, I am to notify ASD.

Additional Information May Be Attached Separately, If Required