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**Attachment C-1**

**Covid-19 Grant Project Status Report**

Before it will be possible to make any disbursement, you are required to provide to the Agency the status towards the specific purpose as stated in the grant contract (Attachment A-1). This report is to be completed by the grant recipient. The grant recipient is to ensure all subrecipients’ reports are to be included with cost reimbursement requests. RECIPIENT COMPLETION INFORMATION:

|  |  |  |
| --- | --- | --- |
| **1. Organization** | | |
| Organization Name |  | |
| Contract Agreement Number |  | |
| Date | For Month Ending | |
|  |  | |
| **2. Financial Summary** |  |  |
| **Total Funding Authorized** | **Total Spent to Date** | **Balance Remaining to Spend** |
| $ | $ | $0 |

**3. Performance:** Recipient (or subrecipient) shall detail below how the organization has spent the amount of funding allocated for the specific purpose as stated in the grant contract. The description should include activities and progress against the recipient’s (or subrecipient’s) scope of work and outcomes of that work. Attach additional documents as necessary.

**Descriptive summary of how the funds were used, including specific deliverables achieved, and progress against objectives and outcomes expected to be achieved.**

**(cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I certify that funds mentioned in this document were used in accordance with the contract between the State of North Carolina and my organization. | | | Name: |  |  |
|  |  |  | Signature: |  |  |
|  |  |  | Title: |  |  |
|  |  |  | Phone: |  |  |
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