

Passaic County Open Space, Farmland, & Historic Preservation Trust Fund

REPORTING FORM

PROJECT INFORMATION		
Project Name:		
Project Number:		
GRANT INFORMATION		
Grantee:		
Grant Agreement Begins Ends		
Date of Report		
PROJECT STATUS		
Please give a short description of progress made on the project thus far:		
Please discuss any delays or setbacks this reporting period:		



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Please discuss key activities for the next reporting period:		
Is the project on track for completion by the grant agreement end date? If not, please explain why and provide a timeline for the completion of the project:		
If the contact person for the project has changed, please list name, email, and phone number (or N/A):		
REIMBURSEMENT STATUS		
A. Total Grant Amount	\$	
B. Funds Received to Date	\$	
C. Grant Award Balance [A-B]	\$	
GRANTEE CERTIFICATION		
Acting as a duly authorized representative for the grantee, I certify that the above information is correct.		
Name	Title	
Original Signature	Date	