

# QUARTERLY GRANTEE SELF-MONITORING REPORT



Grantee Name:

Address:

Grant Award Number:

Phone Number:

Person Completing Document:

<b>Report Period:</b> <i>Indicate the period of this report below</i>		
<b>Included:</b>	<b>Quarter Period:</b>	<b>Report Due:</b>
<input type="checkbox"/>	January 1-March 31	April 30
<input type="checkbox"/>	April 1- June 30	July 30
<input type="checkbox"/>	July 1- September 30	October 31
<input type="checkbox"/>	October 1-December 31	January 31
<b>Financial Information:</b>		
Total Amount Expended:		
Amount Expended This Quarter:		
Amount of Budget Remaining:		
<b>Program Information:</b>		
1. What is the expected completion date for your project, and are you expecting to meet the project deadline?		
2. Have any bid materials been released and contracts issued during this quarter?		
3. What are some successes or best practices related to your program in this quarter?		
<b>Signature of Project Director (Below)</b>		
<b>Submission:</b>		
Attach any additional program information (ie. photographs, additional notes) that you would like to keep on file and submit this report electronically to <a href="mailto:schoolsecuritygrant@ct.gov">schoolsecuritygrant@ct.gov</a> .		

