

Community Development Division

Regional Parks Program Semi-Annual Grant Report

|  |  |
| --- | --- |
| Implementing Agency |  |
| Met Council Issued Grant ID # |  |
| Grant Title |  |
| Grant Amount |  |
| Grant Start Date |  |
| Grant End Date |  |
| Is this an amended end date? | Yes  No |
| Semi-Annual Report Period  (e.g. 1/1/19-6/30/19) | 1/1/2023-6/30/2023 |

**Project Update**

**Progress on Goals & Activities**

1. Brief Project Description

Click or tap here to enter text

1. What project activities occurred during this reporting period?

Click or tap here to enter text

**Budget Update**

Total of expenditures through reporting period: Click or tap here to enter text

Total of reimbursement requests through reporting period: Click or tap here to enter text

**Major Changes**

1. Did any issues arise during this Report Period that kept you from performing project activities?

Yes  No

* If yes, how did you respond to the issue? Click or tap here to enter text
* If yes, do you anticipate needing a change one of the below categories as a result of this issue:

Project scope: Click or tap here to enter text

Project budget: Click or tap here to enter text

Expiration date: Click or tap here to enter text

1. Describe any changes occurring outside your organization that significantly impact the work supported by the grant since your last report.

Click or tap here to enter text

**Organizational Changes**

1. Describe any changes occurring within your organization that significantly impact the work supported by the grant since your last report.

Click or tap here to enter text

1. Please report any staff changes related to this grant.

Name: Click or tap here to enter text

Title: Click or tap here to enter text

Email and phone: Click or tap here to enter text

Address (if different than the organization’s primary location): Click or tap here to enter text

Is this staff member replacing a previous grant contact: Yes No

If so, who: Click or tap here to enter text

**Project Director (or person who prepared this report):**

Name of Authorized Representative: Click or tap here to enter text

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter text