

ATTENTION: [PO Name]
DUE DATE: [Enter Date Due]

SAMPLE STATUS REPORT

Grantee:

Grant Liquidation Date:

Project Number:

Project Name:

Project Scope:

Required Project Deliverables:

1. **Project Phase:** Pre-Construction Pre-Acquisition Acquisition Construction

2. **Percentage of Project Complete:**

3. **Is the project: On Time? Within Budget? Within Scope?**

If no, please explain:

4. **Potential Obstacles Affecting Completion:**

5. **Estimated Date of Project Completion:**

6. **Describe grant-funded work completed since last status report submitted:**

7. **Has CCC or Certified Conservation Corps labor services been utilized to date?**

8. **When will you submit your next payment request? For how much?**

9. **Provide information on payments to be submitted over the next three years:**

Between 7/1/25 and 12/31/25	Between 1/1/26 and 6/30/26	Between 7/1/26 and 12/31/26	Between 1/1/27 and 6/30/27	Between 7/1/27 and 12/31/27	Between 1/1/28 and 6/30/28	After 7/1/28
\$	\$	\$	\$	\$	\$	\$

The purpose of this data is to help the State estimate borrowing needs; you will not be held to these estimates.

10. **Uncleared advances received to date. Attach a [Grant Expenditure Form](#) to clear the advance, if applicable:**

If advanced funds have not been spent within six months of receiving, the balance must be spent on eligible costs or returned to OGALS within 30 days from receipt of this form.

11. **Bond Act Sign installed during construction?**

See [Proposition 68](#) for sign guidelines.

If not previously submitted, provide photos of mounted Bond Act Sign showing location and language: (click below to upload)

**12. Provide photos of grant-funded work completed since the last report:
(click below to upload)**

I represent and warrant that I have full authority to execute this status report on behalf of the grantee. I declare under penalty of perjury, under the laws of the State of California, that this status report, and any accompanying documents, for the above-mentioned grant is true and correct to the best of my knowledge.

Authorized Representative*

Title

Date

(*Certification to above information requires a signature by a person authorized in the resolution)
