

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

SAMPLE PROGRAM STATUS REPORT

Grantee:

Grant Liquidation Date:

Project Number:

Project Name:

Project Scope:

Describe grant-funded programming completed since the last status report by answering the following:

1) Describe any planning, training, and/or coordination in preparation for Activities/Trips:

2) Activities in the Community since last status: (Attach additional tables if needed)

	Activities in the Community (From Grant Scope Cost Estimate Form)	Number of Activity Days	Adults Served	Youth Served
1				
2				
3				
4				
5				
6				
7				

3) Natural Area Trips since last status: (Attach additional tables if needed)

	Natural Area Trips (From Grant Scope Cost Estimate Form)	Number of Activity Days	Adults Served	Youth Served
1				
2				
3				
4				
5				
6				
7				

4) Describe partnership accomplishments and lessons learned:

5) Describe what project goals and educational objectives have been met; include the methods used to measure those objectives:

6) Potential obstacles affecting completion?

7) Describe grant-funded work expected to be completed in the next six months:

8) Are there any changes to the funding for this project?

If yes, provide an explanation and attach a revised Funding Sources Form. As a reminder, if no participant fees were originally listed, that is the expectation:

9) Estimated program completion date:

10)If applicable, provide a link or attach an example(s) of how you have recognized the Outdoor Equity Grants Program in the last six months. See [page 9 of the Guide](#) or go to the Grant Administration section of the [OEP Webpage](#) for required language.

11)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.

12)Click boxes below to attach photos and/or videos of activities/trips from the last six months:

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)
