

Nevada Governor's Office of
ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT

QUARTERLY PROJECT REPORT

		QUARTER ENDING	
Grantee- City/County:		March 31, 20__	September 30, 20__
Project Name:		June 30, 20__	December 31, 20__
Grant Number:		FINAL REPORT YES / NO	
Report Preparer:			

Project Expenditures thru End of Quarter \$ _____ OF \$ _____ Total Award

ACTIVITIES PERFORMED DURING QUARTER (Detail Accomplishments)	COMMENTS

Problems Encountered During Quarter

Technical Assistance needed from the Governor's Office of Economic Development

I certify this information is correct:

Signature: _____

Date: _____