

ARPA Grant Program Report

Please choose the correct form type: Quarterly Report Closeout Report

Agency Name _____ Contact _____
 SAM/DUNS # _____ TIN # _____
 Email Address _____ Phone # _____

Grant Award Amount _____

Status of Project (Accomplishments to Date): _____

2024	Jan-March	April-Jun	July-Sept	Oct-Dec	YTD
Amount of Funds Spent					
Remaining Grant Funds					
Matching Funds Provided (if any)					
Total Quarterly Costs					

Please identify the population (up to three) that this project will primarily serve:

- Low to moderate income households or populations
- Households that experienced unemployment
- Households that experienced increased food or housing insecurity.
- Households that qualify for certain federal programs
- Services that address lost instructional time in K-12 schools or any students who lost access to in-person instruction for a significant period of time.

Certification and Authorized Signature

To the best of my knowledge and belief, the information contained in this report, and in the additional required documentation submitted with this report, is true and correct. I agree that the project will comply with all federal, state, and local statutes, regulations, policies, and requirements applicable to ARPA funding.

 Signature of Authorized Representative

 Date

 Printed Name and Title of Authorized Representative

Please remit document to the Coles County Treasurer's Office or via email to arpagrantapp@co.coles.il.us