**Quarterly Reporting and Disbursement Form**

Please use the following form to provide the mandatory quarterly report for your CMF grant. If you are requesting a disbursement, please fill out both Section I and Section II. ***Disbursement requests will only be considered if your grant is in good standing by being up to date on your quarterly reports.*** **Please submit this form with all relevant invoices as one PDF to** [**MGCCMF@Massgaming.gov**](https://massgaming.sharepoint.com/sites/CommAffairs/Shared%20Documents/Community%20Mitigation%20Fund/FY%202025%20CMF/6%20Grant%20Review/MGCCMF%40Massgaming.gov)**.**

|  |  |
| --- | --- |
| **Legal Name: [APPLICANT]** | **MMARS DOC ID: [DOCID]** |
| **Invoice #(1,2 etc.): [Payment # from MGC]** | **Total Award: [TOTALAWARD]** |
| **Invoice Amount: [total of all requests]** | **Grant Year: [YEAR]** |
| **Service Date: [quarterly time period]** | **Contract End Date: [ENDDATE]** |
| **Date Submitted:** |  |

**Please check-off the quarter being reported on:**

 ☐ **November 15** for the period ending 9/30

 ☐ **February 15** for period ending 12/31

 ☐ **May 15** for period ending 3/31

 ☐ **August 15** for the period ending 6/30

**Section 1. Quarterly Narrative**

Please use the following section to provide an update on all projects funded by your grant, add additional lines as necessary. Describe progress towards goals; describe any challenges; and describe steps implemented to address challenges. *If no activity has occurred on a project this quarter, please fill in the box with “No Activity”.*

|  |  |
| --- | --- |
| **Project Name** | **Description of Quarterly Activities** |
| **[PROJECTNAME1]** |  |
| **[PROJECTNAME2]** |   |

**Section 2. Disbursement Request**

Please use this Section to request a disbursement. Please provide a detailed description of each item by project and associated invoices. **Activities without invoices will not be approved for payment.**

**Are you requesting the next disbursement of funds? Yes ☐ No ☐**

|  |  |
| --- | --- |
| **Project Name** | **Total Requested**  |
| **[PROJECTNAME1]** |  |
| **[PROJECTNAME2]** |  |
| **[PROJECTNAME3]** |  |
| **[PROJECTNAME4]** |  |
| **Total:** |  |

**Summary of Grant Expenditure to Date**

|  |  |  |
| --- | --- | --- |
| **Paid to Date** | **Total New Invoices** | **Grant Funds Remaining** |
| **[PAYMENTS]** |  |  |

**Summary of Invoices Submitted**

Please use the following section to itemize your invoices related to this disbursement request.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | **Project Activity/Purchase** | **Date** | **Invoice Amount** |
| **[PROJECTNAME1]** |  |  |  |
| **[PROJECTNAME2]** |  |  |  |
| **[PROJECTNAME3]** |  |  |  |
| **[PROJECTNAME4]** |  |  |  |
| **Total:** |  |

***By signing below, I certify that the above information provided is accurate to the best of my knowledge.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Grant Manager Date*

------------------------------------------------------------------------------------------------------------------*For internal use only:*

**Reviewed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Reviewer Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Staff Reviewer*