Text

Description automatically generated with low confidence**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@Massgaming.gov)**.**

|  |  |
| --- | --- |
| **Legal Name: TOWN OF CAPECOD** | **MMARS DOC ID: 2021CAPECODTRANSITGT** |
| **Invoice # (1, 2 etc.) : 2** | **Total Award: $500,000** |
| **Invoice Amount: $16,000** | **Grant Year: 2021** |
| **Service Date: 6/1/24-9/30/24** | **Contract End Date: 6/30/25** |
| **Date Submitted: 11/13/24** |  |

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

x **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** |
| **CAPE COD TUNNEL** | Met with MassDOT and Coast Guard on development of the project, review draft design of tunnel; develop next steps in process. Initial meeting with community partners. *Team collected traffic data including traffic volumes.* |
|  |  |
|  |  |
|  |  |

**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 X No ☐**

|  |  |
| --- | --- |
| **Project Name** | **Total Requested** |
| **CAPE COD TUNNEL** | $16,000.00 |
|  |  |
|  |  |
| **Total:** | $16,000.00 |

**Summary of Grant Expenditure to Date**

|  |  |  |
| --- | --- | --- |
| **Paid to Date** | **Total New Invoices** | **Grant Funds Remaining** |
| $125,000.00 | *$16,000.00* | *$359,000* |

**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** |
| **CAPE COD TUNNEL** | *Received invoices from Goliath Engineering for initial draft documents.* | *9/15/24* | $5,500.00 |
|  | *Environmental Analysis- by Green Thumb* | 8/23/24 | 10,500.00 |
|  |  |  |  |
|  |  |  |  |
| **Total:** | | | $16,000.00 |

***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*