Community Preservation Committee

PROJECT STATUS REPORT REQUEST FOR FUNDS

Project Title	Date:				
Project Manager:	ct Manager: Federal Tax ID #:				
Deed Restriction: On File Pend	ing 🗆 Exempt 🗆				
Project Representative: (Contact Per	rson)				
Address:					
Phone / Fax / E-mail:					
Description of Request / Project Pha	ISE:				
Project Timeline / Schedule and app	proximate amounts of future Disbursements:	_ _			
such other documents as the Commi attached to the invoice or a PAID sta are for contracted services, a copy o	de the original invoices, receipts and cancelled checks, ittee may require. Please have a copy of the cancelled amp and an authorized signature on that invoice. If pay f the signed contract should accompany the request. report of billable hours (if applicable).	check			
Original Amount Approved: Balance brought forward: AMOUNT REQUESTED HERE: Remaining Project Balance:	\$ FY \$ \$				
Applicant Signature:	Date:				
CPC Project Liaison Signature:	Date:				

CPC Chairperson Signature:	Date:	
Updated 9/21		