

Report Date: _____

TFCA INTERIM PROJECT REPORT FORM

Required for all projects that were active as of June 30th

Note: For projects completed by June 30th a TFCA Final Report is required.

For projects completed after June 30th, either an Interim or Final Report is due (see Guidance).

TFCA Project No.:	_____ (XXALAXX)	TFCA \$ Awarded:	\$ _____
		Total Project Cost to Date:	\$ _____
		TFCA Funds Billed to Date:	\$ _____
		TFCA Funds Reimbursed to Date (Paid by Alameda CTC):	\$ _____
Project Sponsor:	_____		
Project Title:	_____		
Project Start Date:	_____	Percent Complete:	_____
Current TFCA Expenditure Deadline:	_____		
*Is a 1-year extension to the TFCA expenditure deadline requested? (Yes/No) _____			
If yes, provide: (1) the reason for the extension request and whether significant progress has been made on the project (see footnote, below), and (2) provide revised project completion and final report dates:			

<u>TFCA County Program Manager (Alameda CTC) to complete this section:</u>	<i>Does funding agreement allow for reimbursement of TFCA grant administration costs? (Yes/No) _____</i>
Project Completion Date extended by Alameda CTC? Yes: _____ No: _____	
Extended TFCA Expenditure Deadline: _____	
Revised Anticipated Project Completion Date: _____	
Revised Anticipated Date of Final Report Submission to Alameda CTC: _____	
Has the amount of TFCA funds awarded changed in the past year? Yes: _____ No: _____	
If yes, revised TFCA award: \$ _____	
Explanation:	
Total number of extensions approved (including this one): _____	

*In some cases, the County Program Manager may approve a schedule extension for a Project Sponsor to complete its project(s), if a determination is made that significant progress has been made pursuant to HSC 44242(d). See the applicable Agreement for details.

TFCA Project No. _____

Project Status:

1. Provide a brief project description/scope and explain any changes in the project scope or sponsor in the past fiscal year:
2. Summarize the project status and activities performed/completed during the past fiscal year, including COVID-19-related impacts to project schedule:
3. List the project activities that remain to be completed and milestone dates for each. Include planned dates for project completion, TFCA final invoice and final report:
4. Report on this project's funding agency credit/logo usage to date (i.e., Alameda CTC and BAAQMD), including date/time period used, purpose, and type (publication, website or signage). Documentation/copies of these items are to be included with the Final Report:
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5. Date Project Sponsor's current insurance coverage for project will expire: _____
Date new certificate of insurance (COI) will be provided to Alameda CTC (if it's not obtained in time to submit with Interim report): _____

TFCA Project No. _____

Certifications:

A. Project Sponsor:

I, _____(print name), certify that the information provided is complete and correct.

Signature

Title

Date

B. County Program Manager (Alameda CTC):

I, _____(print name), to the best of my knowledge, certify that the information provided is complete and correct; and that if one or more extensions have been approved, that significant progress has been made on each project for which the funds were granted, pursuant to HSC 44242(d).

Signature