MARYLAND DEPARTMENT OF AGRICULTURE





SPAY AND NEUTER GRANTS PROGRAM

**QUARTERLY PROGRESS REPORT FORM**

[Note: The text fields in this form will expand as you enter your narrative. Note: Spell-check feature does not function with this form. Consider composing your text in a separate WORD document, perform spell-check, then cut and paste text into the appropriate fields.]

# Project Administration INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Title: | Title | | | | | | |  | Grant #(example: 18-050)      - | |
| Date of Report: |  | Covering Time Period: | | To | | | | | |
| Name Primary POC: | POC Name | | | | Email Address: | | POC Email Address | | |
| Organization: Name and address | Name and Address of Organization | | Phone: plus ext if any | | |  | | | |

# BUDGET Expenditures

|  |  |  |  |
| --- | --- | --- | --- |
| Total Grant Received: |  | | |
| Grant Amount Expended To Date: |  | Grant Amount Remaining: |  |
| List Purchases/Expenditures Thus Far: Attach additional pages if needed |  | | |
| Do you anticipate returning any funds? | NO  YES (Please contact MDA). Amount to be Returned: | | |

# Project progress

|  |
| --- |
| 1. Achievements since last reporting:This section follows the progress of the tasks presented in the proposal's schedule.   Box will expand as you enter text |
| 1. Number of cats spayed during this qtr:       Number of cats neutered during this qtr:   Number of dogs spayed during this qtr:       Number of dogs neutered during this qtr: |
| 1. Discussion of problems that have arisen:   Box will expand as you enter text |
| 1. Activities currently underway and still to do: Provide a projected date of completion for them and outline any potential problems you foresee.   Box will expand as you enter text |
| 1. Assessment of meeting the objectives in the proposed schedule and budget:   Box will expand as you enter text |

**PLEASE INCLUDE a list of all animals serviced under your grant for this quarter. Please provide as a separate document in Word, Excel, or PDF format.**

Please send your **completed Quarterly Progress Report** and any additional pages as an **email attachment to:** [**mda.spayandneuter@maryland.gov**](mailto:mda.spayandneuter@maryland.gov) or [**Jane.Mallory@maryland.gov**](mailto:Jane.Mallory@maryland.gov)**.** Failure to provide quarterly reports as per the due date list on the program webpage is a breach of the terms of the grant agreement. Quarterly Progress Reports must NOT be faxed or mailed. Please provide Report in WORD Format only. Contact: Program Coordinator, Spay and Neuter Grants Program at 410-841-5766