

Project Title:

City / State/ Zip:

Phone:

Organizations Name: Physical Address:

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5.

Wake County Alcohol Beverage Control Board

1212 Wicker Drive | Raleigh, NC 27604 | 919.832.2726 | WakeABC.com

PROGRESS REPORT FORM

Note: to be typed, completed, and submitted within 12 months of grant monies being awarded and/or before a follow up grant request is submitted

6.	Website Address:	
7.	Organization's Grant Contact:	
8.	Contact's Title:	
9.	Contact Phone Number:	
10.	Contact's Email Address:	
11.	How many individuals has your program served since your grant was awarded:	
12.	What is the estimated cost of services per individual served:	
13.	What are the current revenues for your organization:	
14.	What are the current expenditures for your organization:	
15.	Within 500 words, please give a summary of what your project accomplished:	
16.	Within 500 words, what would your organizations have done differently with your program since original applying:	nally
17.	Within 500 words, how could Wake County ABC have assisted you better with your program:	
18. 19.	Please include two (2) testimonial letters from those your program has served In your organization's Progress Report Form response, please include the following text and signature listed below in <i>italics</i> .	lines
	igning below, I attest that all information in this Progress Report is true to the best of my knowledge and organization adhered to the regulations set forth in North Carolina General Statute 18B-805(H).	that
 Signa	ature Date	
Print	ted name Title	