State Programs – Quarterly Monitoring Report

PROGRAM:	SELECT ONE:	LPA NAME:		REPORT DATE:	

TOTAL NUMBER OF POTENTIAL BENEFICIARIES WHO APPLIED FOR AN AWARD AND WERE DEEMED INELIGIBLE:		FIRST FILE SETUP SUBMITTED:		FIRST FILE COMPLETION SUBMITTED:	

PROJECT ADDRESS:	ESTIMATED COST:	TOTAL FINAL COST:	CHANGE ORDERS:	STATUS:
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OCR USE ONLY:		

PROJECT ADDRESS:	ESTIMATED COST:	TOTAL FINAL COST:	CHANGE ORDERS:	STATUS:
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