

POLK COUNTY BUSINESS DEVELOPMENT GRANT

**Project Report**

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| --- | --- |
| **Project Title:** |  |
| **Company:** |  |
| **Project Lead:** |  |
| **Phone:** |  | **Email:** |  |

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| **Planned Project Completion Date:** **Report Type:** [ ]  Progress Report  [ ]  Final Report [ ]  *Grant Financial Report Attached (Required)* |
| **Grant Category:** | [ ]  Business Recruitment[ ]  Business Expansion [ ]  Business Retention |
|  **Grant Award Amount:** |  | **Grant Funds Received YTD:** |  |
| **Planned Match Revenue:** |  | **Actual Match Revenue YTD:** |  |
| **Planned # of New Jobs Created:** |  | **New Jobs Created YTD:** |  |

**1. Brief description of the project: (500 words or less)**

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**2. Please provide a brief update on each of the project goals accomplishments to date and any modifications to the original project. Please include photos (if relevant) as part of the final report.**

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| **Status of Project Objective #1:** | **□ Complete □ In Progress □ Not Started** |
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| **Status of Project Objective #2:**  | **□ Complete □ In Progress □ Not Started** |
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| **Status of Project Objective #3:**  | **□ Complete □ In Progress □ Not Started** |
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| **Status of Project Objective #4:**  | **□ Complete □ In Progress □ Not Started** |
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| **Status of Project Objective #5:**  | **□ Complete □ In Progress □ Not Started** |
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**3. Jobs Created – Please complete the following information for each position created.**

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| --- | --- | --- | --- | --- | --- |
| Position Title | Degree or certification required? | Average pay? | Medical Benefits? | # of positions created? | # of positions filled? |
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**4. Is there any unforeseen challenges or barriers to completing the project as planned? If so, please describe the problem and any identified solutions.**

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| **Report Completed By:** |  | **Date:**  |  |

**For Office Use Only:**

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| Date Received:  |  | Reviewed By: |  |
| Follow Up Needed: □ Yes □ No | Date Completed: |  | Date Presented to EDAB: |  |