

## **Community Enhancement Program Interim Project Report**

## **City of Scappoose**

33568 E Columbia Ave. Scappoose, OR 97056 | (503) 543-7146 | www.scappoose.gov

## **APPLICANT INFORMATION**

Organization name:	
Representative name:	Position:
Mailing address:	
	Email:
PROJECT INFORMATION	
Project name:	
Project location (if applicable):	
Estimated project completion date:	Number of beneficiaries in Scappoose:
PROJECT OUTCOMES	
How has your grant award been used to date? Please attac	ch photos, brochures, postings, or other supportive materials:

there anything else	you would like	us to know ab	out your projec	t?	 
ancie anything else					

Total Project Cost	Total Grant Award		Will you apply for the CEP again? Why or why not?			
			<u> </u>			
TERIM PROJECT BUDG			Revenues for expenditu	res		
Line item/expenditure		CEP grant Organization funds Other funds			Total	
_	Totals:					
ON-MONETARY CONTR	RIBUTION	IS				
			Department of the land	lanakian :		
tal in-kind donations:			Description of in-kind o	donations:		
otal volunteer hours:		Description of volunteer activities:				
			<u> </u>			