



2024 Historic Sites Grant
ETF Semi-Annual Report

Grant Number: _____

Project Name: _____

Project Period: _____

Please list check numbers, Invoice numbers, or any relevant documentation and expense detail on the lines provided below. Please attach copies of invoices, cancelled checks and/or bank statements to verify payments to vendors.

Check/Invoice Number	Amount	Description of Expenditure
Total Expenses		-----

Briefly describe the activities and status of your grant project(s) for the reporting period below. Please attach additional pages for narrative if needed.

Signature: _____

Printed Name/Title: _____

Date: _____