



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, plus cancelled checks 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: _____