

Name of Project:	Grant Number:
Subgrantee:	Period Covered:

Please answer all pertinent questions as accurately as possible, provide detailed responses to the questions below, and sign the form. Mail or e-mail this form so the DHPA Grants Staff will receive it no later than the reporting deadlines printed below. COMPLETION OF ALL FIELDS IS MANDATORY.

	During This Reporting Period:	Total To Date:
Estimated total project funds expended:		
Estimated total grant funds expended:		
Estimated % of work completed:		
Estimated amount of grant funding to be used:		
Estimated amount of grant funding that will be us	nused, if any:	
Date when draft product will be submitted for DI	HPA review:	
The grant project is:	30 or less days behind schedule (explanation required below)	over 30 days behind schedule <i>(explanation required below)</i>

In the space below or on a separate sheet, give a detailed summary of all work completed during this reporting period. Specify components of the scope of work that have been completed and list activities that remain.

Describe any difficulties or situations that might affect the scope of work, final product, budget, or timetable. If the project is behind schedule, please provide a detailed explanation.

Signature of Preparer

Date (month, day, year)

Mail to: Division of Historic Preservation and Archaeology Grants Staff 402 West Washington Street, Room W274 Indianapolis, IN 46204 By: July 10 October 10 January 10 April 10

For the Period:

April 1 to June 30 July 1 to September 30 October 1 to December 31 January 1 to March 31



DHPA REIMBURSEMENT INVOICE Part of State Form 50866 (R23 / 4-24) Indiana Department of Natural Resources Division of Historic Preservation and Archaeology For DHPA use only:

INVOICE #_____

Approved: _____

Name of Project:

Subgrantee:

Subgrant Number:

Billing period covered by this Reimbursement Invoice:

Provide documentation of 1) proof of costs incurred; and 2) proof of costs paid and attach to this cover form.

PARTIAL NUMBER	AMOUNT FOR THIS INVOICE		
1. Personnel			
2. Fringe Benefits			
3. 🗌 Travel			
4. 🗌 Supplies			
5. 🗌 Design Fees			
6. 🗌 Advertisement			
7. Construction / Contractual			
8. 🗌 Other:			
9. TOTAL COSTS (add Lines 1 thru 8) =	\$		
10. Reimbursement Invoice Amount = (Multiply Line 9 by 50% or 70% Funding Ratio)	\$		

This claim prepared and submitted by:

Signature of Preparer

Invoice Date (month, day, year)

Approval Date (month, day, year)

Approval Date (month, day, year)

Approval Date (month, day, year)

Based on my knowledge of this project, I certify that the project costs listed on this form are adequately documented, and I believe that these costs are reasonable and appropriate for the work completed to date.

Signature of DHPA Program Area Staff

Signature of DHPA Grants Staff

Signature of DHPA Grants Staff

Mail to: Division of Historic Preservation and Archaeology Grants Staff 402 West Washington Street, Room W274 Indianapolis, IN 46204 For DHPA Use Only: Date Received: [] Project Spreadsheet

TPM / Match Amount \$



DHPA GRANT TIME WORK RECORD

Part of State Form 50866 (R23 / 4-24) Indiana Department of Natural Resources Division of Historic Preservation and Archaeology

Name:	Total hours recorded on this sheet:	
Position:	Hourly rate of pay / value of hourly services:	
Project:	Total \$ amount claimed on this sheet:	
Subgrant Number:	Hours were: Donated Paid by grant recipient	

Date Worked (month, day, year)	Number of Hours	Description of Work
Total Hours		

I certify that the services shown above were essential to the grant-assisted effort, that the amounts of time indicated are appropriate, that the data is correct, and that the hourly rate is reasonable for the services provided.

Signature of Worker / Volunteer

Date (month, day, year)

Signature, Agent of Sponsoring Organization

Date (month, day, year)