



TOWN OF  
**HILLSBOROUGH**  
NORTH CAROLINA

## Nonprofit Partnership Mid-Year Report Template

Applicant Information	
Organization Name:	
Contact Person Name and Title:	
Contact Person Email:	Contact Person Phone:

Project Information
Funded Project Name:
Amount of Town Funding: \$
Town Funds Expended: \$
Grant Period:
Overview of the Funded Project/Program:

Project Impact
Estimated number of town residents the project has served:
Please describe how the number of residents served by the project was estimated:

Project Reflection
What services or programs have been provided so far?
Are the programs meeting the intended goals and objectives?

Have any challenges been encountered in delivering services or programs? Are there any risks that could impact service/program delivery for the remainder of the year? If so, what steps are being taken to address these challenges?

What are the priorities for the next six months?

Project Budget versus Year-to-Date (YTD) Actuals Comparisons		
Item	Budgeted Costs*	YTD Costs
<i>Ex. Supplies for small business workshop</i>	<i>\$200</i>	<i>\$175</i>

**\*Note:** Budgeted costs should align with the itemized costs outlined in the funding application.

Additional Comments or Feedback (Optional)
Is there anything else you'd like us to know?

Signatures
I hereby certify that the information contained in this report is true and accurate to the best of my knowledge. I understand that providing false or misleading information may disqualify this organization from receiving future funding from the Town of Hillsborough.

Signature:

Date:

Printed Name and Title: