

**CHILDREN’S SERVICES COUNCIL OF PALM BEACH COUNTY
CONTINUOUS IMPROVEMENT INITIATIVE
PROJECT COMPLETION REPORT: IT Infrastructure**

CONTACT INFORMATION
Agency:
Contact:
Title:
E-mail:
Phone:
Address:
AWARD INFORMATION
Date of Award (see your award letter):
Amount of Award:
REPORT CHECKLIST
<p>Agencies must submit a Project Completion Report once the grant award has been fully expended, which must be no later than one year from the date of the award. Failure to submit a report by the due date could result in the agency having to return the funds and/or could affect future requests for funding under the Continuous Improvement Initiative.</p> <p>REMINDER: All reports must include the following:</p> <ul style="list-style-type: none"> • Report Cover Page • Report Summary • Financial Reconciliation Statement • Documentation funds were used as intended and described in the application (e.g., invoice from vendor, copy of cancelled check made payable to vendor)
SIGNATURE
<p><i>CEO/Executive Director’s signature: I attest that the attached report is accurate and reflects that the funds were spent in accordance with the approved application.</i></p> <p>Name:</p>
Signature:
Date:
SUBMISSION INSTRUCTIONS
<p>Project Completion Report and documentation must be submitted as a single PDF document.</p> <p>Email completion report to: CII@cscpb.org</p> <p>Subject line of the email should read: Continuous Improvement Initiative Project Completion Report – <i>Name of Your Agency</i></p>

DIRECTIONS

Answer the following questions and be as specific and succinct as possible. The answers you provide in this report must correspond with the plan outlined in the application.

NOTE: The grant you received may only be used for the purposes described in your approved application. Any deviation must be requested in writing and you must receive prior approval in writing from the Continuous Improvement Initiative Advisory Committee.

1. Provide an overview of the supports/resources received. Include IT inventory of the equipment using the table below.

Qty	Staff Title of Recipient	Description	Unit Price	Total
TOTAL:				

2. Who provided the supports/resources and what was the implementation timeframe?

3. Describe the impact on your agency and staff of the supports/resources received: