



**If your Cooperative Endeavor Agreement is for support of economic development in Caddo Parish, please provide information showing the amount of the program's economic impact, in a dollar amount, to Caddo Parish. Include the methodology used to determine that dollar amount. Report is INCOMPLETE without this information. (Use a separate sheet for each program supported.)**

**If your Cooperative Endeavor Agreement is for support of a social welfare program (including educational programs), please identify the low-income population targeted. Include methodology of determining the low-income status of such persons. Report is INCOMPLETE without this information. (Use a separate sheet for each program supported.)**

Total amount received by organization to date: \$ \_\_\_\_\_

Amount used during reporting period: \$ \_\_\_\_\_

**Itemize expenses incurred during the reporting period (use a separate sheet for each program supported)**  
**(DO NOT REPORT YOUR ORGANIZATION'S ENTIRE BUDGET – ONLY REPORT GRANT FUNDED EXPENSES; GRANT FUNDS CANNOT BE USED FOR THE ORGANIZATION'S DAY TO DAY OPERATING EXPENSES SUCH AS RENT, SALARIES, BUILDING REPAIRS/RENOVATIONS, UTILITIES. PLEASE ATTACH ALL SUPPORTING DOCUMENTATION FOR THE REPORTED EXPENSES, INCLUDING BUT NOT LIMITED TO CANCELLED CHECKS, RECEIPTS, INVOICES CONTRACTS, ETC.)**

Supplies

Printing/Postage

Equipment

Training

Consultant(s)/Contract Labor

Other, please specify

**Submitted by:**

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_