



Please Mail Report to: Community Service Tax Credit Program
1000 SW Jackson Street, Suite 100, Topeka, Kansas 66612-1354
Or Fax to: (785)-296-3490 or email CSP.TaxCredit@ks.gov

COMMUNITY SERVICE PROGRAM - QUARTERLY STATUS REPORT

Note: It is not necessary to send a cover letter with this report. Please retain a copy of this completed report for your files and a clean, blank copy for your next report. Reports are to be submitted even if no activity has taken place during the quarter and must be submitted by the following dates: January 20 (for qtr ending December 31), April 20 (for qtr ending March 31), July 20 (for qtr ending June 30), and October 20 (for qtr ending September 30).

Project Number: _____ - _____

Quarter Ending Date: ____/____/____

Organization: _____

This report was reviewed & approved by: _____

(Project Director)

- 1. Total Tax Credits Awarded: \$ _____
2. Total amount of tax credits that have been submitted: \$ _____
3. Total amount of tax credits remaining: \$ _____
4. Pledges outstanding at this time: \$ _____

5. Please check one of the following:

- [] Our budget remains the same at this time. All donations received and/or pledged at this point are included in our present budget.
[] We are or will be requesting a revised budget with changes.

6. Are there changes in staff or Board of Directors since your last quarterly report? Any other changes (i.e., address, phone, or e-mail changes)? If so, list them here even if reported on a Tax Credit Transmittal form.

7. Is it likely that your organization will be able to utilize all of the allocated tax credits? [] Yes [] No

If not, how many of the tax credits are you likely to relinquish? \$ _____

8. Do have any progress on program objectives that you would like to report on or do you have any other comments, questions, or situations you would like to bring our attention:

