

AHEAD Program Project Status Report

| Project Information | | | | |
|--|-------------------------------------|-------|-------|----------|
| Project Name | | | | |
| Project Number | Project Type | | | |
| Effective Date (date grant awarded by the Bank) | | | | |
| The status report and required documentation must be sent to the Ban | k within 18 months of the effective | date. | | |
| Years elapsed since effective date (if applicable) | Grant Amount \$ | | | |
| Member Institution | | | | |
| Name | | | | |
| Contact Person | Title | | | |
| Address | City | | State | Zip Code |
| E-mail | Telephone Number | | l | |
| Project Sponsor | | | | |
| Name | | | | |
| Contact Person | Title | | | |
| Address | City | | State | Zip Code |
| mail Telephone Number | | ımber | 1 | |
| | | | | |

Project Status

Describe current status of the project, including what the project has accomplished toward achieving the goals and objectives outlined in the AHEAD application.

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| Project Status (cont.) | |
|--|---------------|
| Have other funding sources been committed to the project? ☐ Yes ☐ No If Yes, please indicate amounts and conditions of commitment: | |
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| Are previously committed funding sources still in place? ☐ Yes ☐ No | |
| If No, please explain: | |
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| Project Impact | |
| For all projects, answer the following question: | |
| Did the Project create or retain jobs? ☑ Yes ☐ No If Yes, how many jobs were created or retained? | |
| | |
| For the Project Type indicated on Page 1, answer only one of the following questions: | |
| Capacity Building, Housing Initiative, Other Economic Development of Social Service Projects | Total No. of: |
| How many additional individuals were served by the organization because of the AHEAD grant? | |
| Entrepreneurial/Microenterprise projects | |
| How many additional enterprises were served by the organization because of the AHEAD grant? | |
| Financial Education projects | |
| How many additional individuals were enrolled in a financial education program by the organization because of the AHEAD | |
| grant? | |
| Job Training projects | |
| How many additional full-time employees work for enterprises supported by the organization because of the AHEAD grant? | |
| The many additional fall time employees work for emerginees supported by the organization besidese of the fall interest by grants. | |
| Technical Assistance projects | |
| How many additional individual or group TAs were given by the organization because of the AHEAD grant? | |
| Comments: | |
| | |
| | |
| | |
| | |

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Evidence of Use of Grant Funds

Attach current AHEAD budget and copies of final paid invoices, or any other final documentation showing that the grant funds were used as stated in the original application and AHEAD budget.

Please list all documentation attached to this status report to show evidence of use of grant funds:

Certification

The Member and Project Sponsor certify that all information in this status report is correct to the best of their knowledge. They each further agree to provide the Bank with such other information about the project and the use of the grant funds as the Bank may request in its sole, reasonable discretion.

| Member | Sponsor |
|--|---|
| Authorized Signature of Member Institution | Authorized Signature of Sponsor Institution |
| Name (print or type) | Name (print or type) |
| Title | Title |
| Date Signed | Date Signed |

Note: This form must be signed on behalf of the member by an authorized signer in accordance with the member's authorizations on file with the Bank.

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