

**CITY OF FLAGSTAFF**  
**ARPA - CORONAVIRUS LOCAL FISCAL RECOVERY FUNDS**

**PERFORMANCE REPORT**

CONTRACTOR/SUBRECIPIENT: _____	DUNS NUMBER: _____
CONTACT NAME: _____	EMAIL ADDRESS: _____
ADDRESS: _____	PHONE NUMBER: _____
TOTAL AWARD AMOUNT: _____	EXPENDITURE CATEGORY: _____
PROJECT TITLE: _____	PROJECT NUMBER: _____
START DATE: _____	EXPIRATION DATE: _____
BRIEF PROJECT SUMMARY: _____	

REPORTING PERIOD (MM/YY - MM/YY): \_\_\_\_\_

PERCENTAGE OF PROJECT COMPLETENESS: \_\_\_\_\_

SUMMARY OF THIS PERIOD'S PROGRESS: \_\_\_\_\_

SUMMARY OF ACTIVITIES PLANNED FOR NEXT PERIOD: \_\_\_\_\_

CERTIFIED BY: _____	LIST OF ATTACHMENTS, IF APPLICABLE: (ie. Additional reports, photos, etc)
SIGNATURE _____	_____
DATE _____	_____
NAME AND TITLE _____	_____