

Pennsylvania Historical and Museum Commission
Historical and Archival Records Care Grant
Interim Status Report

Application ID: _____

Name of Project: _____

Period Covered: From _____ To _____

Applicant: _____

Address: _____

Contact: _____ Phone: () _____

Email: _____

Accomplishments to date:

Expenditures to date (Please attach copies of receipts or invoices):

Revised work schedule, if appropriate:

Signature

Date

Title

Please return completed report and attachments as a single PDF via email to the grant manager at:
RA-PHARCHIVESGRANTS@pa.gov.