

**North Carolina Department of Transportation
Public Transportation Division
CAPITAL GRANT REPORTING FORM**

Name of Grantee:		Period of Performance:		
Project #:		Period Covered:		
WBS Element:		Report Date:		
Capital Items (non-state contract vehicles)	Description of Activity	Quantity	Project Status	Date
G-			IFB** Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Other Capital	Description of Activity	Quantity	Project Status	Date
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	

*IFB: Information for Bids

Report Prepared by: _____ **Date** _____
Name Title