

**2008-2010 NEA-RETIRED STATE PROJECTS
GRANTS
PROGRESS REPORT**

GRANT TITLE: _____

DATE OF SUBMISSION: _____

DETAILS:

PROGRESS REPORT for FIRST YEAR of the GRANT

PROGRESS REPORT for SECOND YEAR of the GRANT

STATE AFFILIATE: _____

COMPLETE ORGANIZATION NAME: _____

CONTACT INFORMATION FOR GRANT WRITER(S): _____

**2008-2010 NEA-RETIRED STATE PROJECTS
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PROGRESS REPORT**

STATE AFFILIATE EXECUTIVE DIRECTOR: (when hand printing-use all caps)

MAILING ADDRESS: _____

WORK NUMBER: _____

or

HOME NUMBER: _____

E-MAIL: (if applicable) _____

2) STATE PRESIDENT: _____

MAILING ADDRESS: _____

3) STATE RETIRED PRESIDENT: _____

MAILING ADDRESS: _____

4) STATE STAFF CONTACT FOR RETIRED: _____

MAILING ADDRESS: _____

**2008-2010 NEA-RETIRED STATE PROJECTS
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GRANT TITLE: _____

SUMMARY OF GRANT ACCOMPLISHMENTS:

Please include information to increase our shared knowledge of working with NEA-Retired organizations. (Complete a short summary of the request in this block; “see attached” comment is not acceptable.)

Empty box for summary of grant accomplishments.

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GRANT TITLE: _____

SUMMARY OF GRANT CHALLENGES:

Please include information to increase our shared knowledge of working with NEA-Retired organizations. (Complete a short summary of the request in this block; “see attached” comment is not acceptable.)

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- Please attach a copy of your original action plan. (Summary of accomplishments and challenges should reflect the original action plan.)

- Please attach a copy of your original budget with information about how monies were spent.

PLEASE SEND THIS FORM TO:

Candace L. Lilyquist
NEA-Retired
1201 16th Street NW, Suite 410
Washington, DC 20036