



For Official Use Only	For Official Use Only
Date Received	Date Approved
Application Number:	Category:

Funded in part through a grant with the U.S. Small Business Administration

STEP Grant: Activity Report

Company Information:				
Report Date:				
Indicate which Quarter you are Repo	rting on:			
-	-	☐ Quarter 3 (Apr 1-Jun 30) ☐ Qua	arter 4 (Jul 1-Sept 29)	
Company Name:			Contact Person and Title:	
Street Address:		Phone Number:	Phone Number:	
Mailing Address (if different):				
, ,				
City:	County:	State:	Zip Code:	
Contact Phone:		Contact Email:	L	
A salinita a la forma sali sur				
Activity Information:	A 11 41			
Please List the Activity as submitted on your Application:				
What is the Status of Your Activity?				
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Please Provide the Total Number of	Evnances Vall Accrued to F	Data:		
Please Provide the Total Number of Expenses You Accrued to Date:				
Please Provide an Overview of your Accomplishments and Successes to Date:				
Please Provide an Overview of the Leads Acquired to Date, the Amount of Actual Sales from those Leads and your Projected Sales Amounts resulting from the Completed Activity within the Following 12 -18 Months:				
non the Completed Activity within the Following 12 - 16 Months.				
Please Provide an Update on the Number of Jobs Created AND the Number of Jobs Retained under this Activity:				
Please Describe any Issues or Concerns Impeding this Activity:				
Legrify that the information	nrovided in this ren	ort as well as accompanying	g documents, are true and complete.	
I certify that the information provided in this report, as well as accompanying documents, are true and complete. I agree to abide by the STEP program funding and reporting policies. I further understand that this information will				
be reviewed and is pending approval.				
-	•			
Signature (required)			Date	