

**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 Item G-Code	Description of Item (Name the item and identify as state contract or local procurement. No dates are needed for state contract items.)	Quantity	Project Status	Date
G-			IFB* Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				
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Status:				
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			Contract Awarded	
			Contract Completed	
Status:				
G-			IFB Issued	
			Contract Awarded	
			Contract Completed	
Status:				

*IFB: Information for Bids

Report Prepared by: _____
Name
Title

Date: _____