



**Cobourg Police Service**  
**COMMUNITY SAFETY INNOVATION FUND (CSIF)**  
**PROJECT PROGRESS REPORT**

<b>Project Name:</b>	<b>Project End Date</b> (per signed Agreement):
<b>Organization Name:</b>	
<b>Contact Name:</b>	<b>Telephone Number:</b>
<b>Email:</b>	
<b>Progress Reporting Period:</b>	

<b>1. Project Progress</b>				
Key Project Impacts	Expected Completion Date (DD-MM-YY)	Project Impact	Project Activity Time-line	Percentage of Project Completion (%)
<i>Please insert your project Milestone (Key Activity) followed by Performance Metrics as per your Contribution Agreement:</i>				
				%
				%
				%
				%

<b>2. Are there any delays or challenges anticipated in the progress of your project?</b>
<b>3. Please provide an estimate of your eligible and supported costs for the next (2 months) \$</b>
<b>4. Would discussions with our CSIF program lead be beneficial right now?</b>

**COMMENTS:** Use the space below to provide explanations on your answers or additional information, successes/challenges



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Report Completed by:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature