

KentuckyHistoricalSociety

Kentucky Oral History Commission
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Kentucky Oral History Commission

Project Grant Interim Report

Deadline: December 1, 2014

FY 2014

1. Project Title:			
2. Project Director:			
3. Fiscal Agent (if applicable):			
4. Mailing Address:		City	
	State	Zipcode	
5. Phone Number:			
6. Email Address:			
7. Contact Person for this Report:			
8. Number of Interviews Completed:			
9. Please provide a brief description of your progress toward fulfilling the activities outlined in your grant proposal.			

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink*

Project Director's Signature: _____ Date: _____

Print Name: _____ Title: _____