NBFRF Grant 180-day Check-in

Capital Projects (over $10,000 but not providing direct services)

# Tell Us a Bit about Your NBFRF Project or Service

**Your Organization’s Name:**

**Contact Name and Position:**

**Contact Phone Number:**

**Contact E-mail Address:**

**Your NBFRF Project / Service Name:**

**How much of the North Bay Fire Relief Fund grant has been expended?** $

**How much of the North Bay Fire Relief Fund grant remains?** $

**Project / Service Type:** Select **Capital Projects**

Who Are the Fire Survivors You’re Serving?

**Approximate Number of Fire Survivors You’ve Helped Thus Far because of Your NBFRF Grant:**

# How Are Things Going?

**What has been accomplished so far through your NBFRF grant?**

**Have any unexpected challenges presented themselves related to your support of our fire survivor community?**

**Is there a fire survivor story you would like to share with us?***Please make sure this story does not contain any confidential or personally identifiable information.*

**Is there anything else you’d like the NBFRF team to know? Your thoughts are very important to us.**

**We’re proud to be in it together.**