

Semi Annual Report  
to City Council  
FY \_\_\_\_\_



*Martinsville*

A CITY WITHOUT LIMITS

P. O. Box 1112 Martinsville, VA 24114

Phone 276-403-5146 FAX 276-403-5280-5118

Date \_\_\_\_\_ (Completed form due in Finance Dept. on Sept. 1, 20\_\_ and March 1, 20\_\_)  
(funding contribution received \$ \_\_\_\_\_)

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City of Martinsville Location \_\_\_\_\_

Contact Person for agency \_\_\_\_\_

Person filling out this form \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact E-Mail \_\_\_\_\_

**1. RELEVANCE TO CITY'S GOALS AND INITIATIVES**

Describe how the project(s) have advanced one or more of the city's adopted initiatives. The city's Goals & Initiatives may be downloaded at <http://www.martinsville-va.gov/City-Council.html>.

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**2. ORGANIZATIONAL COLLABORATION**

Describe collaboration efforts with other organizations \_\_\_\_\_

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**3. TIMETABLE, OUTCOMES, and MEASUREMENT PROCESS**

Describe what outcomes for the project(s) are expected during next quarter and how progress will be measured \_\_\_\_\_

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