

# NF 2024 Interim Status Report - Period S1

OVERALL ~ Briefly summarize the project activities implemented during this

1. reporting period. If any success, provide anecdotal example(s).

ACTIVITIES~ Total number of activities/programs, conducted during the current

2. reporting period. (From '2024-NF-ACTIVITIES' excel file).

[2024-NF-ACTIVITIES.xlsx](#)

Upload File:

PEOPLE ~ Total unduplicated people reached through all the activities conducted

3. during the current reporting period

DEVICE/SERVICE ~ if applicable- Report the sum of distributed telecommunication devices, and/or essential telecommunication services. If not applicable to your project,

4. type "N/A"

OUTCOMES A ~ Project Progress. Report the project's overall progress as a

5. percentage.

 %

OUTCOMES B – Progress ~ Describe the progress made toward each project goal listed in your grant agreement. If applicable, also list the distributed devices/services

6. by type. (For ex. 2 Laptops; 158 Phone cards; 13 Tablets, 15 Hotspots, etc...)

PARTNERSHIPS ~ if applicable- Did this project partner with other non-profit, governmental, or community organizations to conduct project activities? If so,

7. describe. If not applicable to your project, type 'N/A'

- 8.

**ADVERTISEMENT & OUTREACH MATERIAL~** If applicable- Report, by type and count, a list of publicity material you created, and/or any media coverage you received, such as prints, videos, social media posts. Upload samples and/or links, in a single document.

Upload File:

**CHALLENGES ~** Describe any challenge the project has faced (make a list with 9. description). If you have nothing to report, type "NO CHALLENGE".

**CHANGES~** Report any project change needed for the next reporting period to continue the proposed project (list with description). If no changes, report: "NO 10. CHANGES".

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By checking the box, I certify that the statements herein are true, complete, and accurate to the best of my knowledge and that our entity has done the due diligence to ensure the information is correct. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties and may impact current and future grant awards from the Public Service Commission of Wisconsin.

**Name:**

**Date:**