



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN STRATEGIC FUND
STATE HISTORIC PRESERVATION OFFICE

QUENTIN L. MESSER, JR.
PRESIDENT

**Certified Local Government Grant
Quarterly Progress Report
Due: XXXX, 202X**

| | |
|---------------|--|
| Project #: | |
| Project Name: | |

Dear Certified Local Government Grant Project Coordinator:

Answer all the questions that appear below and sign the report at the bottom of the page where indicated. Please review these reminders of the documentation requirements for this program:

- Disbursements are supported by purchase order, invoices and canceled checks.
- All invoice dates and purchases occurred within the contract period.
- All salary expenses are supported by time sheets and the person performing the duties prepared the time sheets. The employee’s supervisor verifies time sheets and signatures of both are included on the time sheets.
- Documentation for wages clearly indicates the gross pay and employer paid fringes.

1. For construction projects only, project signs must be erected prior to the start of work. Please provide a photograph of the project sign as soon as it is erected. Indicate date the sign was erected. _____. Indicate “N/A” for planning projects.

2. Briefly describe work accomplished to date (please relate the description to the project work outlined in the subgrant agreement between the Michigan State Historic Preservation Office and your organization). Note any special problems which may affect the completion of the project by the due date.



3. Review your work schedule and briefly explain any anticipated need for changes in due dates. If changes are needed, please propose a revised schedule.

4. Are there any anticipated changes in the scope of work or budget? Please explain:

5. Prepare a comparison budget, which shows the original budget approved with the Michigan State Historic Preservation Office subgrant agreement, paid invoices and total anticipated expenditures for the remainder of the project.

| Budget Line Items | Approved Project Budget Amt | Paid Invoices and Unpaid Invoices dated XX/XX/202X or earlier | Total Anticipated Project Expenditures |
|-------------------|-----------------------------|---|--|
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Project Coordinator (signature)

Date

Please complete, sign, and email the report to: higginsS3@michigan.gov

Alan Higgins
CLG Coordinator
State Historic Preservation Office
300 N. Washington Square,
Lansing, MI 48913
517.335.2719