



**CERTIFIED LOCAL GOVERNMENT GRANT PROGRAM
QUARTERLY PROGRESS REPORT**

Subgrantee: _____

Project #: CG_____

Project Name: _____

Contractor(s): _____

Not selected yet Not applicable

Reporting Period: Apr 15, 20____ (Jan 1 – March 31) Oct 15, 20____ (July 1 – Sept 30)
 July 15, 20____ (Apr 1 – June 30) Jan 15, 20____ (Oct 1 – Dec 31)

1. Briefly describe the work accomplished during this reporting period.

2. Are there any issues or concerns that might affect completion of the project? Please note that all changes to the scope of work, budget, and/or schedule must be approved by SHPO.

3. Review your work schedule in the grant agreement. Do you anticipate needing to request a schedule change? Yes (please explain) No

4. Do you anticipate using your full grant award? Yes No (please explain)

5. For development projects only, project signs must be erected prior to the start of construction. Please identify the status of the sign installation:

 Sign was installed on the following date: _____. Please include photographs of the installed sign if you have not previously provided to SHPO.

 Sign is anticipated to be installed in the following month: _____.

 Sign installation date to be determined.

6. For development projects only, subgrantees must submit a few in-progress photos showing the work being completed during the reporting period (submit as individual JPG or TIFF files):

File Name	Description

Photos are not included for this period. Explain: _____.

7. Summarize project expenses (e.g., invoices received, in-kind staff time recorded, etc.) to date for each item in your budget.

Budget Line Items	Expenses This Period	Expenses Previously Recorded	Total Expenses To Date

SUBGRANTEE SIGNATURE

Important Reminders
<ul style="list-style-type: none"> • Retain all financial records. All reimbursement requests must be supported by copies of purchase orders, invoices, etc., and proof of payment. • All invoice dates and purchases must be within the grant agreement period. • All work must be completed, invoiced, and paid by the end date in your grant agreement. • If in-kind time is included in your project, all salary/volunteer time must be supported by time sheets prepared and signed by the person performing the duties. • All project changes must be approved by SHPO.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Project Coordinator (signature)

Date

SHPO REVIEW

Report received: _____

Approved:

SHPO CLG Coordinator Date

SHPO Program Staff Date

SHPO Grants Manager Date