CERTIFIED LOCAL GOVERNMENT GRANT
PROGRESS REPORT FORMAT

CLG_________________________ Grant Administrator ________________________

Project Name ________________________________________________________________

Project Coordinator ____________________________________________________________

Reporting _______________________________________________________________________

Period ______________________________

A. PROJECT DESCRIPTION. Identify progress made on the project during the reporting period, enumerating tasks completed or underway.

B. OUTSTANDING ISSUES. Identify any problems or issues that have arisen affecting the proposed project.

C. SCHEDULE. Is project work on schedule? If problems have arisen affecting the schedule, explain the cause and how they are being addressed.

Yes/No Project Schedule amendment being submitted.

D. GENERAL COMMENTS. Provide any additional information pertinent to the successful completion of this grant project.

_________________________________________________________  ________________________
Project Coordinator Signature, Title                        Date