



**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