

Regional Assistance Program

**Montana Department of Commerce**

**Quarterly Report**

# Montana Department of Commerce

**Quarterly Report**

**Report Period:**

Example: “Period 1” for the first quarterly report period from contract to September 30, 2025.

The Montana Department of Commerce works hard to understand project needs to support grantees as best as possible, including engaging partner agencies, resources and other projects to support success. Please use this reporting template and answer thoroughly yet concisely and submit to tourismgrants@mt.gov. Include any information that does not have a prompt, but that you feel is relevant.

*\*If a quarterly report has not been received by Commerce 30 days after the due date, it will consider the Region or CVB to be in breach of contract. The timelier reports are received, the timelier disbursements can be made.*

**Quarterly Report Schedule:**

|  |  |  |
| --- | --- | --- |
|  | Time Period | Report Due |
| Period 1 | Contract – September 30, 2025 | September 30, 2025 |
| Period 2 | October 1, 2025 – December 31, 2025 | December 31, 2025 |
| Period 3 | January 1, 2026 – March 31, 2026 | March 31, 2026 |
| Period 4 | April 1, 2026 – June 30, 2026 | June 30, 2026 |
| Period 5 | July 1, 2026 – September 30, 2026 | September 30, 2026 |
| Period 6 | October 1, 2026 – December 31, 2026 | December 31, 2026 |
| Period 7 | January 1, 2027 – March 31, 2027 | March 31, 2027 |
| Final Report | April 1, 2027 – June 30, 2027 | June 30, 2027 |

**Performance / Progress:**

|  |  |
| --- | --- |
| Organization or Entity: |   |
| Contract #: | 25-52-OOT-RAP-000 |
| Period Covered by Report: |  |
| Reporting Period End Date: |  |
| Report Prepared by: |  |

**Narrative:**

*Provide a brief overview (paragraph) of what took place during the reporting period.*

**Activity Summary:**

|  |  |  |  |
| --- | --- | --- | --- |
| Work Plan Objective | Task | Benefits / Outcomes / Impacts | Milestone Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Challenges and Mitigation:**

*Give an overview of any challenges faced, what actions were taken to mitigate or if challenges still exist.*

**Budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Grant Awarded Amount | Funding Spent during Period | Remaining Awarded Amount | % Total of Funds Spent for Period |
| $ | $ | $ | % |

*\*RAP recipients must illustrate in the quarterly report that the previous quarter’s funds were 85% expended during the quarter, along with a plan for how the remaining 15% will be expended, or it must be demonstrated that 100% of the quarterly funds upon which they are reporting are committed for expenditure by the end of the designated future quarter.*

**Timeline:**

*Provide an overview of project(s) trajectory timeline. Are activities on schedule, behind or stalled? Additionally, address the percentage of RAP funds spent during the quarter and where you plan to spend unspent funds in future quarters.*

**Key Performance Indicators:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Report Period # 1 | Report Period # 2 | Report Period # 3 | Report Period # 4 |
| KPI # 1: [insert designated KPI’s from Application] | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** |
| KPI # 2: [insert designated KPI’s from Application] | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** | **Measurement Method:****#****#****#****#****#** |

**Next Steps:**

*Give an overview of what will transpire in the next period, providing a glimpse ahead to understand project alignment with the documented workplan.*

**Assistance Needed from Commerce:**

**Press Engagements / Opportunities:**

**Additional Information (Optional):**