# Community MT Division

## Montana Historic Preservation Grant Program

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| **Montana Historic Preservation Grant Planning Progress Report**  Project Progress Reports must be submitted with the **Request for Funds  Form** during the term of the contract agreement. | | | |
| Date Submitted: | Report Period: | | |
| 1. Grantee |  | | |
| 1. Primary Contact |  | | |
| 1. Phone and Email |  |  | |
| 1. County, City, Zip Code |  | | |
| 1. DOC Contract Number |  | | |
| 1. Project |  | | |
| 1. Name and location of all primary contractors, sub- contractors and sub-recipient entities engaged in any of the activities described in Section 6 SCOPE OF WORK of *CONTRACT #* | Contractor Name | | City, State |
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|  | 1. Percentage Complete % | | |
| 1. Current status of the project | 1. Is the project on track with the Implementation Schedule? If no, explain any issues in Section M.   Yes 🞏 No 🞏 | | |
| 1. Anticipated project  completion date | $ | | |
| 1. Cumulative costs incurred thus far | $ | | |
| 1. Amount invoiced with this Progress Report | $ | | |
| 1. Grant funds remaining | $ | | |
| 1. Problems encountered and necessary modifications in the Scope of Work, budget or implementation schedule |  | | |
| 1. Any additional comments |  | | |
| *To the best of my knowledge and belief, the information  provided on this form is true and correct.*  Signature: Title:  Date: | | | |