# 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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  | 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: |