COLUMN TO AND THE OWNER	State of Connecticut Department of Emergency Services and Public Protection Municipal Grant Program	
	Progress Report	
Grantee:	Project #:	
Project Title:		
Period Covered:	through	

1. Briefly summarize project activities for this period.

2. Is the project on schedule? If not, why?

3. Are there any changes or adjustments needed to ensure the completion of the project? If so, explain.

Grantee:		Project #:
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4. Discuss below any developments that have positively or negatively affected the project's activities.

5. Attach all Municipal Building Official's Inspection reports to date.

(Add additional pages as needed)

Signatures:			
5	Project Director	Print Name, Title	Date
	Grantee Chief Executive Officer	Print Name, Title	Date
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