P:\Business general\Writing Formats\Logos\cleanairlogo.psdredo7-15-04300dpitransp3inch.tifVolkswagen Settlement   
Semi-Annual Report

**INSTRUCTIONS:**

Awardees are required to submit semi-annual reports on January 31 and July 31 for the six month period immediately preceding each of these dates. Indicate below the reporting period for which this report is being submitted and complete all sections of this this form for the selected reporting period.

**Part I: General Information**

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| --- | --- |
| Awardee Name: |  |
| Semi-Annual Reporting Period | January 1, 2019 - June 30, 2019  July 1, 2019 – December 31, 2019  January 1, 2020 – June 30, 2020  July 1, 2020 – December 31, 2020 |

**Part II: Semi-Annual Report**

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| 1. **What specific tasks from your Eligible Mitigation Action Management Plan have been completed during the reporting period?** |
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| 1. **How much money was spent on your awarded project during this reporting period? How much money has been spent since project was initiated?** |
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| 1. **Did any public relations events regarding your awarded project take place during the reporting period? If so, please describe the events.** |
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| 1. **How do the accomplishments in this reporting period compare to the anticipated milestones and timeline in your** **Eligible Mitigation Action Management Plan?** |
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| 1. **If milestones and timelines were not met, why not? Did you encounter any challenges during the reporting period which may interfere with meeting the project objectives?** |
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| 1. **How do you propose to remedy any challenges? Identify how and the date you will get back on course to meet the anticipated milestones and timeline specified in your Eligible Mitigation Action Management Plan.** |
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| 1. **Can DEEP be of any help to remedy any challenges you may be having?** |
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**Part III: Certification**

*I hereby affirm, under penalty of law, that the information provided here is true and correct to the best of my knowledge. I further affirm that I have read, understand, and agree to all of the terms and conditions stated above. I understand that if it is determined that any funds were awarded to me as a result of false statements, I will be required to reimburse said funds to DEEP. I further understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  |  |
| Typed Name |  |  | Date |

**Part IV: Submission**

Please email this completed form and any supporting documentation to the project manager listed in your Eligible Mitigation Action Management Plan.