



**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.

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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: _____	_____	_____
Project Director	Print Name, Title	Date

_____	_____	_____
Grantee Chief Executive Officer	Print Name, Title	Date