



**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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Period Covered: \_\_\_\_\_ through \_\_\_\_\_

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 \_\_\_\_\_