



Grants Quarterly Progress Report

DOT Confirms Receipt _____

A. Submission Information

1. Report Submission Date (mm/dd/yy):

2. Report Quarter:

3. FFY:

4. FAIN	5. Project Title & Recipient Name		6. Project Type
7. Completed By (Name)	8. Title	9. Email	10. Phone

B. Overall Project Status: Must align with Work Plan

	Status <i>(Not Started (NS), In Progress (IP), Completed (C), On Time (OT), Delayed (D), Amended (A), No Change (NC))</i>	Summary Summarize the progress/general updates for each section
Scope		
Schedule		
Budget		
Significant Activities for this Quarter		
Significant Activities Planned for Next Quarter		

C. Risk

Concerns or Delays — Please list/describe any concerns that may lead to delays	Requires DOT Assist (Y/N)	Likelihood of project success

D. Financial Status

Budget Status (please attach SF425)

Budget Changes Submitted for DOT Review (Y/N)	Explanation Provide any necessary details

E. Major Milestones

Milestone Name (according to Work Plan)	Status <i>(In Progress (IP), Not Started (NS), Completed (C), No Change (NC))</i>	Status Notes
RFP Progress		
Consultant/Contract(s)		
Staff Updates		

F. Statement of Work (SOW) Task Status (SOW task(s) should refer to consultant contract as indicated in the recipient Work Plan)

[illegible]