

GRANT PROGRESS REPORT

This form is required when submitting each reimbursement request.

Failure to comply with reporting provision may result in withholding or deobligation of funds.

Sub-recipient _____	Period of Performance _____
Grant Program _____	Grant Award Number _____
Point of Contact _____	Telephone Number _____
Email _____	
Activity Title _____	

ACTIVITY	Briefly describe significant events and developments that have occurred during this quarter. Please indicate any problems, delays or adverse conditions that will impair the ability to meet the grant objectives and guidelines.

Project Phase _____	Project Status _____
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FISCAL		Total Grant Award	Funds Expended by Last Day of Quarter	Balance to Finish
	Federal Share			
	Non-Federal Share			
	Total Project			
				Financial Status _____

I hereby certify that this request for reimbursement is in full accordance with the budget, as approved by the Rhode Island Emergency Management Agency.

_____	_____
Authorized Official Signature	Date