

Quarterly Project Progress Report

Project Information			
PROJECT NAME			
STATE	FEDERAL AGENCY TO WHICH REPORT IS SUBMITTED	SUBMISSION DATE	AWARD NUMBER
	FHWA		
NAME OF GRANT RECIPIENT		REPORT YEAR AND QUARTER	NOFO FUNDING YEAR

Project Overall Status	
Below, please describe any deviations from the scope, schedule, and budget in the grant agreement:	
Scope	
Schedule	
Budget	
Project Significant Activities and Issues:	
Action Items/Outstanding Issues:	

Action Plan Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date

Planned Draft Action Plan Completion Date:			
Planned Action Plan Completion Date:			
Planned Action Plan Adoption Date:			
Planned SS4A Final Report Submission Date:			

Supplemental Planning Activity Project Milestones

Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned Draft [insert type of project/resulting deliverable] Completion Date:			
Planned [insert type of project/resulting deliverable] Completion Date:			
Planned Final Action Plan Adoption Date [insert type of project/resulting deliverable]:			
Planned SS4A Final Report Submission Date:			

Demonstration Activity Project Milestones

Milestone	Baseline Date (Grant Agreement)	Last Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			
Planned Construction Start Date:			
Planned Construction Substantial Completion and Open to Public Use Date:			
Planned SS4A Final Report Submission Date:			

Implementation (Construction) Project Milestones

Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			

Planned Construction Start Date:			
Planned Construction Substantial Completion and Open to Public Use Date:			
Planned SS4A Final Report Submission Date:			

Implementation (Non-Construction) Project Milestones

Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			
Planned Activity Completion Date:			
Planned SS4A Final Report Submission Date:			

Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Name of Authorized Certifying Official:

Title of Authorized Certifying Official:

Signature of Authorized Certifying Official:	Telephone (Area code, number and extension):
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Email Address: