**Status Report - DEM Recreation Development & Trails Grants**

***Instructions****:*

* *Project Status Reports are due every 6 months from the Grant Start date.*
* *Please complete this form in the space provided which will expand as needed.*
* *Email this form by the Due Date to:* *Lisa.McGreavy@DEM.RI.Gov*
* *For questions, please call 401.222.2776, ext. 2777611*

**Project Name:** Click here to enter text.

**City/Town:** Click here to enter text.

**File #:**  Click here to enter text.

**Grant Award Amount:** Click here to enter text.

**Reimbursed Amount to Date:** $Click here to enter text.

**Reimbursement Amount Expected to Request in the next Fiscal Year :**Click here to enter text.

**Work Performance Period Start & End Date per Grant Contract:** Click here to enter text.

**Report completed by:** Click here to enter text.

**Title:** Click here to enter text.

**Email:** Click here to enter text.

**Date:** Click here to enter text.

1. **Status of Proposed Scope of Work:**

*Please complete the chart below and expand as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Proposed Scope of Work Items as Listed in Grant Contract** | **Percent Complete**  | **Comments** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

1. **List Any Issues or Concerns:**

1. **Are ALL Scope of Work Items expected to be complete by the Work Performance End Date (see above)?**
2. **Progress Photos (optional but appreciated)**