



ECONOMIC DEVELOPMENT ADMINISTRATION

QUARTERLY PROGRESS REPORT

EDA Project No. _____ Report No. _____ Date _____

Covering Period from _____ Thru _____

Recipient _____

Co-Recipient _____

Authorized Representative _____

Name & Title

Recipient's Architect/Engineer _____

Name & Phone Number

CURRENT PROJECT STATUS:

- | | YES | NO | |
|------|-----|-----|---|
| I. | ___ | ___ | Is the Grantee's share of expected project costs on hand and immediately available? If no, explain in Section E. |
| II. | ___ | ___ | Have all land, rights-of-way, and easements necessary for the project been acquired? If no, explain in Section E. |
| III. | ___ | ___ | Are there any problems expected in meeting any of the Specific Award Conditions of the EDA grant? If yes, explain in Section E. |
| IV. | | | Have any Primary Beneficiaries been lost, changed, or added to the project? If yes, explain in Section E. |

A. DESIGN: *(Provide tentative dates if actual dates are not known)*

Date Architect/Engineer Agreement Executed _____.

1. Has design started? ___ YES Design start date _____.

___ NO Expected start date _____.

2. Is design complete? ___ YES Completion date _____.

Bid docs approved by EDA? ___ YES ___ NO

___ NO Expected completion date _____.

Percent complete _____.

On schedule? ___ YES ___ NO (Section E)

B. AWARD: *(Provide tentative dates if actual dates are not known)*

3. First advertisement for bids date _____.

4. Bid opening date _____.

5. Contract Award date _____.

6. Notice to Proceed issued _____.

7. Preconstruction Conference date _____.

C. CONSTRUCTION: *(Provide tentative dates if actual dates are not known)*

8. Has construction started? ___ YES Start date _____.

___ NO Expected start date _____.

9. Is construction complete? ___ YES Completion date _____.

___ NO Expected completion date _____.

Percent complete _____.

On schedule? ___ YES ___ NO (Section E)

10. EDA's original/amended estimated construction start date is _____

11. EDA's original/amended estimated construction completion date is _____

D. NARRATIVE SECTION:

(Provide summary of reporting period activities - if more space is required, attach a separate sheet)

E. PROBLEMS/DELAYS & CORRECTIVE MEASURES BEING TAKEN:

(Provide a summary of problems, delays, issues and corrective measures being taken - if more space is required, attach a separate sheet)

Prepared By (Signature)

Date

Prepared By (Typed or Written Name & Title)