OMB Number: 0610-0096
Expiration Date: 07/31/2029

# 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)