Please return this form to:
Bureau of Highway Safety
164 State House Station
Augusta, ME 04333-0164

SUBGRANT PROGRESS REPORT

For the period beginning For the period ending

SUBGRANTEE: SUBGRANT #:

PROJECT TITLE: PROJECT DIRECTOR:

REPORT TYPE ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ☐ Special ☐ Final

---

Describe the activities of the project, including problems encountered, achievements, etc. Details should relate to measurable goals and objectives; methods and procedures; and evaluation data as outlined in the subgrant application. Use continuation pages as necessary.

I certify that all activities reported herein are supported by appropriate documentation, and that such activities have been in compliance with applicable governmental regulation and any special conditions of this subgrant award.

Signed: _____ Date: _____

, Project Director

Rev. 8/2022