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

EDUCATION SUMMARY PROGRESS REPORT

For the period beginning For the period ending

SUBGRANTEE: SUBGRANT #:

PROJECT TITLE: PROJECT DIRECTOR:

REPORT TYPE ☐ Monthly ☐ Quarterly ☐ Final

Describe the activities of the project, including but not limited to, how many people were in attendance, topics that were discussed, ways to improve for the future, achievements, problems encountered, where location was picked and why, etc. 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. 9/2023