

ACTIVITY PROGRESS REPORT

Grant Program: <<<<<< Select program Area from drop-down list >>>>>>

Department: _____ Subgrant Number: _____

Period beginning: _____ Period ending: _____

Project Director: _____

	Total Arrests/Summons	Total Warnings*
OUI		
OUI Drugs		
OUI .00 (Juvenile)		
CDL .04		
Distracted Driving (texting/failure to maintain)		
Speed		
Defects		
Drug Possession		
Warrant		
OAS		
Safety Belt		
Child Restraint		
Uninsured Motorist		
Pedestrian Violation		
Slow Down Move Over		
Other Violation		
Total Arrests/Summons: 0	Total Warnings: 0	Total Violations: 0
Total Number of Hours Worked on CROPs:	Total Number of CROPs:	Total Vehicle Stops:
Total # of Checkpoints:	Total # of Vehicles Stopped on Checkpoints:	Total # of Hours Worked on Checkpoints:

Describe the activities of the project in concise terms. Include a full narrative of your project so far and address the topics below. Include additional pages if needed.

- Have you reached any achievements or milestones for your program?
- Are you on track to reach the goals listed in your grant application?
- What data supports this?
- Do you foresee any problems or changes required for the program?
- Have you received any feedback on the program? If so what kind?

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.

Project Director Signature: _____ Date: _____

*Log any SFSTs not resulting in arrest as OUI warnings

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