

Please return this form to:

Bureau of Highway Safety
164 State House Station
Augusta, ME 04333-0164

NARRATIVE PROGRESS REPORT

For the period beginning

For the period ending

SUBRECIPIENT:

SUBGRANT #:

PROJECT TITLE:

PROJECT
DIRECTOR:

REPORT TYPE ☐ Monthly ☐ Quarterly ☐ Final

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.

Signed: _____

, Project Director

Date: _____

Submit

Rev. 09/2026