

GRANTEE PROGRESS AND MONITOR REPORT

FOR STATE AGENCIES AND NON-PROFIT ORGANIZATIONS

Purpose: Use this form to monitor and evaluate projects and document grant monitor's contact with grantee.

Instructions: Complete all applicable sections.

GENERAL GRANT INFORMATION			
<input type="checkbox"/> Grant Project \$20,000 or less	<input type="checkbox"/> Grant Project Over \$20,000	GRANTEE NAME	
PROJECT TITLE	PROJECT NUMBER	FEDERAL FUNDS ALLOCATED	
REPORTING PERIOD: <input type="checkbox"/> OCTOBER - DECEMBER <input type="checkbox"/> JANUARY - MARCH <input type="checkbox"/> APRIL - JUNE <input type="checkbox"/> JULY - SEPTEMBER			
DATES AND AMOUNT OF REIMBURSEMENT FILED DURING THIS REPORTING PERIOD.			
VOUCHER FILE DATE	AMOUNT OF VOUCHER		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

SUMMARY OF GRANT ACTIVITY CONDUCTED DURING REPORTING PERIOD
List a summary of activity that has been conducted during the reporting period based on grant task and performance indicators.

TRAINING/CONFERENCES/WORKSHOPS/EVENTS CONDUCTED OR ATTENDED DURING REPORTING PERIOD	
<i>Evaluation summaries for all grant-related conferences/workshops your agency/organization conducts must be submitted.</i>	
EVENT	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EQUIPMENT PURCHASED WITH GRANT FUNDS DURING REPORTING PERIOD		
<i>(All equipment must be purchased before March 31 of the second reporting period unless otherwise approved by your Project Monitor.) If additional space is needed you may attach a separate sheet.</i>		
Quantity	Item	Serial Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL MATERIALS PURCHASED/DISTRIBUTED WITH GRANT FUNDS DURING REPORTING PERIOD

MATERIAL DESCRIPTION	NUMBER PURCHASED

Number of materials distributed:

Brochures Posters Media Kits Educational Items

Other If Other, specify _____

PROJECT TIMELINE

Is the project on schedule? YES NO - If no, explain why.

CONDITIONS OR LINE ITEM BUDGET ADJUSTMENTS

List any conditions or line item budget adjustments requested during this reporting period.

Has the project director changed? YES NO
 If yes, please provide a letter to DMV Project Monitor indicating new Project Director information.

PUBLIC INFORMATION AND EDUCATION ACTIVITIES

Media Coverage:

Number of TV stations	<input type="text"/>	Number of spots aired	<input type="text"/>
Number of radio stations	<input type="text"/>	Number of spots aired	<input type="text"/>
Number of newspaper articles	<input type="text"/>		

FINAL REPORT

Provide an overview of accomplishments and how they impacted your highway safety problems (e.g. reduced crashes, injuries and fatalities) by providing data of any measures, surveys or evaluations that document accomplishments through your use of this grant and your activities. Include any unique element(s) that could serve as a model for other traffic safety initiatives.

Non-profit organizations: Has your most recent audit/financial report been provided to your Project Monitor this current grant year?

YES NO If no, please provide a copy with this final report.

Matching Requirement: Has the required 20% match been fully documented for this grant year by submitting the Match Report Form, TSS-20?

YES NO NOT APPLICABLE If no, please submit the required form with this final report.

SUBMITTED BY

DATE (mm/dd/yyyy)

1 Select your
Program Manager

2 Save this form on your pc and
send it via email to:

DMV USE ONLY

This page is to be completed by DMV Project Monitor

DMV PROJECT MONITOR CONTACT INFORMATION		
Date of Contact	Contact Person(s)	Type of Contact <small>T-Telephone, W-Written, P-Personal</small>

DMV PROJECT MONITOR'S COMMENTS (List any notable pros or cons of the project.)
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DMV PROJECT MONITOR NAME	DATE (mm/dd/yyyy)
DMV DEPUTY DIRECTOR NAME	DATE (mm/dd/yyyy)