

**FY21 Resilient Maryland Program – Attachment C**

**Monthly Project Progress Report**

**MEA encourages FY21 Resilient Maryland Grantees to submit their Monthly Progress Reports online via the** [**MEA Resilient Maryland Monthly Progress Reporting Portal**](https://form.jotform.com/211125856736054)**[[1]](#footnote-1).**

However, if preferred, Grantees may submit their Monthly Progress Reports utilizing this form instead.

**Section 1: Reporting Period & Grantee Information**

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| --- | --- | --- | --- |
| **Reporting Month** |  | **Year** |  |

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| --- | --- |
| **MEA Grant Number\*** |  |

*\*The Grant number specified on the Grant Agreement (e.g. 2021-00-518S1)*

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| --- | --- | --- | --- | --- | --- |
| **Organization (Grantee) Name as Reported on IRS Form W9** | | | | **Federal Tax ID Number** | |
|  | | | |  | |
| **Grantee Address as Reported on IRS Form W9** | | | **City** | | |
|  | | |  | | |
| **State** | **Zip Code** | **State** | **Congressional District\***  **(If applicable)** | | **MD Legislative District\* (If applicable)** |
| **MD** |  |  |  | |  |
| **Contact Name** | | | **Contact Title** | | |
|  | | |  | | |
| **Phone Number** | | | **Email Address** | | |
|  | | |  | | |

*\*Find your Congressional and MD Legislative Districts at* [*www.mdelect.net*](http://www.mdelect.net)

**Section 2: Project Status Update**

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| **Project Progress Summary**  *Please provide detailed information regarding project status below.* |
| **Milestone Completion Checklist**  *Check off each milestone that has been completed as of the end of the reporting month.*  ☐ Project Schedule (Due 30 days from Grant Execution).  ☐ Majority Contractor Procurement.  ☐ 25% Project Completion  ☐ 50% Project Completion  ☐ 75% Project Completion  **☐ 100% Project Completion**  **Description of Progress**  *In the space below, please detail your progress on the relevant project milestones above. Please describe progress on all Final Deliverables referenced in Attachment B to the Grant Agreement and indicate any challenges/obstacles encountered and planned actions to overcome.* |

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| --- | --- |
| **Job Hours Worked**  *Please provide the number of hours worked by the respective parties toward the completion of the Final Deliverables below. Job hours should be inclusive of all hours pertaining to actual Final Deliverable completion and the administrative time required to further the Project.* | |
| **Grantee** |  |
| **Contractor(s)** |  |
| **Subcontractor(s)** |  |

**Section 3: Project Schedule Progress**

*Please note any changes to the Project Schedule below, and if any dates have changed, please supply an updated Project Schedule using the same format as the initial schedule as an attachment to this report.*

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**Section 4: Grant Funds Reimbursement Information**

**Do you intend to submit a request for Reimbursement of Grant funds with this report?**

**☐ Yes ☐ No**

If yes, for what amount?

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| **$** |

**REMINDER – ELIGIBILITY FOR REIMBURSEMENT OF GRANT FUNDS**

Only costs that are consistent with the following requirements are eligible for reimbursement of Grant funds.

* Costs directly incurred by Grantee (i.e. invoiced);
* Costs directly attributable to the completion of the specified Project Final Deliverables, set forth in Attachment B;
* Costs for projected future expenses yet to be incurred will not be reimbursed;
* Equipment costs for a distributed generation and/or storage system will not be eligible for Reimbursement of grant funds; and
* MEA will only disburse Grant funds to Grantee for eligible expenses up to the amount specified in Section 3 of the Grant Agreement.

1. <https://form.jotform.com/211125856736054> [↑](#footnote-ref-1)