**Resilient Maryland Program – Attachment B**

**Monthly Project Progress Report**

**Section 1: Reporting Period**

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

**Section 2: Grantee Information**

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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** | **Federal Tax ID Number** |
|  |  |
| **Installation Address** | **City** |
|  |  |
| **State** | **Zip Code** | **County** | **Congressional District\*** | **MD Legislative District\*** |
| **MD** |  | Choose an item. | Choose an item. | Choose an item. |
| **Contact Name** | **Contact Title** |
|  |  |
| **Phone Number** | **Email Address** |
|  |  |

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

**Section 3: Project Status Update**

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| **Project Progress Summary***Please provide detailed information regarding project status below.* |
| **Milestone Completion Checklist**☐ Project Schedule (Due 30 days from Grant Execution). Completion Date:☐ Majority Contractor Procurement. Completion Date: ☐ 25% Project Completion. Completion Date: ☐ 50% Project Completion. Completion Date: ☐ 75% Project Completion. Completion Date: **☐ Project Complete. Completion Date:** **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 A 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 4: 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 5: Reimbursement Information**

**Do you intend to submit a request for reimbursement with this report?**

**☐ Yes ☐ No**

If yes, for what amount?

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| **$**  |

**REMINDER – ELIGIBILITY FOR REIMBURSEMENT**

Only costs that are consistent with the following requirements are eligible for reimbursement from 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 A;
* 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 reimbursed; and
* MEA will only reimburse Grantee for eligible expenses up to the amount specified in Section (3)(A) of this Agreement.