**City of Great Falls ARPA SubAward Recipient Quarterly Report**

# GENERAL PROJECT INFORMATION

|  |  |
| --- | --- |
| **Subrecipient** |  |
| **Project Title** |  |
| **Grant Agreement Number(s)** |  |
| **Reporting Period**Identify the beginning and end of the reporting period. Example: January 1, 2022 – March 30, 2022**.** |  |
| **Project Contact: Full Name** |  |
| **Project Contact: Email** |  |
| **Project Contact: Phone Number** |  |

# PROJECT SCHEDULE

|  |  |
| --- | --- |
| ***Overall Project Status (choose one)***  | *(X)* |
| Not Started |  |
| Less than 50% completed |  |
| 50% completed or more |  |
| Completed |  |

**For Construction projects:**

|  |
| --- |
| ***Enter the PROJECTED or ACTUAL dates of each milestone below:*** |
| ***Project Start Date:*** |  |
| ***Engineering Completion Date: (if applicable)*** |  |
| ***Construction Bid Date: (if applicable)*** |  |
| ***Construction Start Date: (required)*** |  |
| ***Project Completion Date:*** |  |

# BUDGET INFORMATION

*Complete the following table:*

|  |  |  |
| --- | --- | --- |
|  | **City SubAward Funds**(Write N/A if not a part of this project) | **Match Contribution Funds**(Write N/A if not a part of this project) |
| **Previous Period Expenditure****Total on Grant(s):** |  |  |
| **Current Period Expenditure****Total on Grant(s):** |  |  |
| **Cumulative Expenditure on****Grant(s):** |  |  |
| **Balance Remaining on Grant(s):** |  |  |

# PROJECT ACTIVITY

## Activity Summary/Project Status Description]

List project tasks outlined in the grant agreement. Summarize activities that occurred under each task, including tasks with no activity DURING THE REPORTING PERIOD. Provide an overview of progress on the overall project. Indicate tasks completed.

## Problems or Concerns

Discuss any problems or concerns that have arisen (Example: problems with the schedule, subcontractors, or budget items).

## Next Quarter’s Activities

Outline anticipated activities that will take place in the next quarter.

## Amendment Request

Please identify any requests for Contract Amendments (if needed) here. Contact the City for approval and to complete a contract amendment before making purchases or agreements on goods or services other than those specifically identified in the grant agreement. Expenses incurred that are not allowed under the grant agreement will not be paid unless the grantee obtains prior approval and an amendment is completed. Check the termination date of the contract and request more time if it will be needed. A justification must be included with your request.

## Additional Attachments

Attach pictures, articles, maps, or any other document related to this quarter that you would like to include in the report.