ENERGY INFRASTRUCTURE & IMPACT OFFICE Progress Report

Grant #: _____

Please Remit to:

Energy Infrastructure and Impact Office 1707 North 9th Street PO Box 5523

Bismarck, ND 58506-5523 Email: energyimpact@nd.gov Fax: 701-328-3650

		Office: 701-328-2800
Reporti	ing Period:/ to/	
Name of Subdivision/Agency:		E-Mail:
Contact Person:		Daytime Phone #:
Projec	t Title:	
Stat	us Update	
1.	What grant activities were conducted during this r	eporting period?
2.	Have you encountered any problems or barriers to	hat prevented you from implementing grant activities? If so, explair
3.	If you were awarded personnel and/or overtime times, and services?	, how has this improved your agency's safety, efficiency, response
4.	If you were awarded equipment , how has this im services?	proved your agency's safety, efficiency, response times, and
5.	What other oil-impact issues has this funding help	ped your agency address?
6.	What major activities are planned for the next 6 m	nonths?
7.	Are you on track to fiscally and programmatically please explain.)	complete your project as outlined in your grant application? (If no,
8.	Suggestions for improving the grant process:	

Complete only those sections that apply to your grant

Construction / Renovation / Engineering Project			
Was construction performed this period?			
If yes, what percentage of the project is completed?			
What amount of the awarded funds have been used?			
Is the project on, under or over cost projections and by how much?			
Personnel Awards Only			
Were there new staff hired this reporting period?			
If yes, in what position/assignment			
If yes, how many regular hours were worked by new staff			
Overtime Awards Only			
# of staff who worked paid overtime under the grant this period			
# of overtime hours worked this period			
Housing Allowance Awards Only			
Number of Staff Who Received a Housing Allowance			
Vehicle / Apparatus Awards Only			
# of vehicles / apparatus purchased this period			
Number of new vehicle / apparatus miles this period			
Victim/Witness, Domestic Violence Programs Only			
Number of new victims served (someone who is either new to your program or returned to your program for			

Number of **new** victims served (someone who is either new to your program or returned to your program for direct services after no contact with your agency for six months or more)

Number of **ongoing** victims served (someone you continued to work with during this quarter who would not be considered "new.")

- **Do** count someone who received a direct service from your agency
- Do count someone only once during the period, regardless of the number of crimes or perpetrators
- **Do Not** count someone affected by the abuse or crime against someone else if he/she did NOT receive direct services from your agency (you may want to refer to the secondary victims in your narrative, if that information is available to you)
- Do Not count someone living in an abusive household if he/she did not receive direct services from your agency.
- **Do Not** count someone who received information only.
- Do Not count someone you referred to another agency if he/she did not receive any other direct service from your agency.

Rev 3/16/16 Rev 4/22/2016

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Instructions:

Please complete one copy for each open grant on June 1 and December 1 of each year

Enter:

Grant #: Grant # this progress report is for. Please create a separate report for each grant.

Reporting Period: This is typically for the past 6 months range, for example If the current date is 6/1/2015, the date range the report would be 12/1/2015 to 5/31/2016.

Name of Subdivision/Agency: Name of the entity submitting the report and that the grant was provided to.

E-Mail: E-mail address of the person submitting the report.

Contact Person: Name of person submitting the report.

Daytime Phone #: Phone number of the person submitting the report. **Project Title:** Project title or grant project description for this grant.

Status Update

- 1. What grant activities were conducted during this reporting period?
 - -Provide detail of work done during this time frame.
- 2. Have you encountered any problems or barriers that prevented you from implementing grant activities? If so, explain:
 - -Provide details such as; weather issues, contractor delays, or other issues.
- 3. If you were awarded personnel and/or overtime, how has this improved your agency's safety, efficiency, response times, and services?
 - -Please provide details of improvements.
- 4. If you were awarded equipment, how has this improved your agency's safety, efficiency, response times, and services?
 - Please provide details of improvements.
- 5. What other oil-impact issues has this funding helped your agency address?
 - Please provide details of improvements.
- 6. What major activities are planned for the next 6 months?
 - Please provide details of expected projects activities for the next 6 months.
- 7. Are you on track to fiscally and programmatically complete your project as outlined in your grant application? (If no, please explain.)
 - Please provide details.
- 8. Suggestions for improving the grant process.
 - Please provide details.
- 9. Specific Grant Details.
 - Please fill out the questions that apply to your specific grant, not all questions will apply to your specific grant.

Examples

Was construction performed during this period? Yes or No

If yes, what percentage is compete? 70%

What amount of awarded funds have been used? \$10,560.36

Is the project on, under or over cost projections and by how much? Under by \$4,000

Were new staff hired during this reporting period? NA

Number of staff who received a housing allowance? 3

of vehicles, ambulances, or apparatus purchased during this period? 1- New Ambulance