

ADDENDUM I- PROGRESS REPORT

Area Wide Benefit Monthly Progress Report

Complete with past month's data and submit to Will County CDBG by the 5th of the next month.

PROJECT NUMBER _____ MONTH _____ YEAR _____

Project Name _____

Project Contact/Manager _____ Phone _____

Agency _____

1. Narrative: Describe any action taken, relating to this project, during the past month.

2. What events are scheduled for the next two months.

3. Describe any affirmative marketing you have implemented regarding this project. Please list and attach any recent media coverage of your organization relating to this project.

4. List the date of completion for the following steps. Print "NA" if not applicable.

Engineering Complete _____ Rehab/Construction Started _____

Completed Bid Specs _____ Rehab/Construction Completed _____

Award of Contract _____ Project Complete _____