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| Safety and Health Investment ProjectsProgress Reporting Form | | | |
| **Project Title:** |  | | |
| **Project #:** |  | **Report Date:** |  |
| **Contact Person:** |  | **Contact #:** |  |
| **Report Type:** | Milestone  Periodic | **Reporting Period:** |  |
| **Total Award$:** |  | **Milestone $:** |  |

This milestone report form is the approved format for submitting milestone or periodic reports to the SHIP program. Using the data listed in *Project Milestones* is one way to discuss the Reported milestone activities and Expected Outcomes as outlined in your Agreement. If the Milestones and Outcomes have changed, please explain why. Please provide complete information related to activities that were conducted during the reported period. In addition, describe any measurement tools used to determine the results, and attach any charts, graphs, or other materials that clarify the data.

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| * **Report the progress toward achieving project activities and related outputs by providing a brief description of each.** * **Describe your progress toward completion of the activities.** * **Describe any barriers you encountered during this project period, related to the listed items, AND how you dealt with them.** | | | |
| **Activities** | | **Progress** | **Barriers** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

***To expand the above table, place cursor in the bottom right corner of the table and press TAB.***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Have you encountered any other barriers during this project period that are not related to the above activities?  Yes  No | | | | | | | |
| If yes, how have you dealt with them? | | | | | | | |
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| How did you measure progress towards your outcomes during this reporting period? | | | | | | | |
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|  | | | | | | | |
| Did you submit a project modification that affected the reported time period?  Yes  No | | | | | | | |
| If yes, was it successful in getting/keeping the project on track?   * How have these changes affected the project? * Did anything unexpected happen as a consequence? | | | | | | | |
|  | | | | | | | |
| Do you need to request an adjustment to your project plan?  Yes  No | | | | | | | |
| If yes, **what** are you requesting to change in your project?      **Why** are you requesting this change and **how** is this change(s) necessary to the successful completion of your project?      **Please Note: Based on the changes requested, your SHIP project manager may determine the need to use the modification form.** | | | | | | | |
|  | | | | | | | |
| Staff changes during this reporting period *or* anticipated for:   * Grant Staff      * Significant organization staff that could affect grant performance | | | | | | | |
|  | | | | | | | |
| What next steps will you be implementing for this project? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| LESSONS LEARNED: What lessons have you learned that will help this project in the future or could be helpful to others when considering implementing a similar type of project? Project activities? | | | | | | | |
|  | | | | | | | |
| **Please attach copies of any publication that describes or is a result of this project.** | | | | | | | |
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| **Project Coordinator:** | |  | **Date:** | |  | **Phone:** |  |
| **Signature:** |  | | |  | | | |
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| **Reminders:**   * All proposed publications and printer materials must be reviewed and approved by the SHIP program before printing. * Modification submitted by grantees must be approved by the SHIP program before they can be implemented. * You must respond to request for information from the SHIP program in a timely manner. |

*Thank you for your time!*

*For questions, please call the Safety and Health Investment Projects Program.*