



CLG Grants Quarterly Progress Report

Complete and email this form every quarter to DNR.grants@illinois.gov

Month(s) of: _____ CLG Name: _____

Project Number: _____ Project Title: _____

I. Summarize this quarter's activity.

II. Explain any deviations from established time line.

III. Explain actions taken to correct the above deviations.

IV. Fiscal Information

Quarterly Fed/State Expenditures: \$ _____ Total Fed/State Expenditures: \$ _____

Quarterly Local Expenditures: \$ _____ Total Local Expenditures: \$ _____

Quarterly Total Project Exp.: \$ _____ Total Project Cost to Expenditures: \$ _____

IV. Additional Comments.

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Project Manager's Signature

Project Manager Name

Title

Date