

Northwest Arctic Borough 163 Lagoon Street | P.O. Box 1110

(907) 442-2500 | Fax (907) 442-2930 | www.nwabor.org

## VILLAGE IMPROVEMENT FUND MONTHLY PROJECT PROGRESS REPORT

| Monthlyprogress reports are due by the 5th of every month following the reporting period. If the 5th is on a weekend, the report is due the following Monday. Financial reports are a separate document. |             | PERIOD COVERED BY THIS REPORT   |  |  |
|--|-------------|---------------------------------|--|--|
|  |             | FROM:                           |  |  |
|  |             | THROUGH:                        |  |  |
| 1. TITLE OF PROJECT:   |             |                                 |  |  |
| 2a. ORGANIZATION:  | 2b. ADDRESS | (Street, City, State, and Zip): |  |  |
| 2c. PROJECT MANAGER (Name and Title):  |             |                                 |  |  |
| 2d. EMAIL:   |             | 2e. TELEPHONE:                  |  |  |
| 3a. PROJECT ACCOMPLISHMENTS (Please provide as much<br>this reporting period, use a separate sheet if necessary. If<br>contractor reports, photos, etc. to this document).                               |             |                                 |  |  |
| 3b. PROJECT CHALLENGES (Please provide as much detail<br>regarding the project, use a separate sheet if necessary. I<br>etc. to this document).  | -           |                                 |  |  |

| 4a. IS THE PROJECT ON SCHEDULE? (If no, please complete 4b., if yes, 4b. is not applicable).      |       |
|---|-------|
|   |       |
| YES NO  |       |
| 4b. PLEASE EXPLAIN PROPOSED CHANGES TO THE PROJECT TIMELINE (Use a separate sheet if necessary)   |       |
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| 5. PLEASE DESCRIBE THE NEXT STEPS FOR THE PROJECT (Please include information our office may need | to be |
| aware of such as upcoming drawdown requests ).  |       |
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| 6. IF APPLICABLE, PLEASE LIST ANY ATTACHMENTS YOU ARE SUBMITTING WITH THIS REPORT (e.g., photo    | )5.   |
| additional sheets for any of these boxes, etc. ).   |       |
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I certify to the best of my knowledge and belief that this report is correct and complete for the activities set forth in the award agreement.

| Authorized Awardee Name (Print): |       |  |
|----------------------------------|-------|--|
| Authorized Awardee Signature:    | Date: |  |

Submit completed report and attachments to Hiram Walker at hwalker@nwabor.org or fax to 907-442-2930. Call 907-442-2500 for questions or assistance.

| FOR INTERNAL USE ONLY | NOTES: |
|-----------------------|--------|
| DATE RECEIVED:        |        |
| RECEIVED BY:          |        |
|                       |        |