**MEA Combined Heat and Power Grant Program**

**Attachment B – Quarterly Status Report**

**Part 1: Reporting Period**

|  |  |
| --- | --- |
| **MEA Grant Number\*** |  |

*\*The number specified in the Grant Agreement (e.g. 2021-00-456S2)*

|  |  |  |
| --- | --- | --- |
| **Reporting Quarter** | **Due Date** | **Reporting Year** |
| [ ]  Quarter 1 (Jul, Aug, Sep) | Oct 10 | [ ]  2020 |
| [ ]  Quarter 2 (Oct, Nov, Dec) | Jan 10 | [ ]  2021 |
| [ ]  Quarter 3 (Jan, Feb, Mar) | Apr 10 | [ ]  2022 |
| [ ]  Quarter 4 (Apr, May, Jun) | Jul 10 | [ ]  *Extension Period (If Applicable)* |

**Part 2: Grantee Information**

|  |  |
| --- | --- |
| **Organization (Grantee) Name** | **Federal Tax ID Number** |
|  |  |
| **Installation Address** | **City** |
|  |  |
| **State** | **Zip Code** | **County** | **Congressional District\*** | **MD Legislative District\*** |
| **MD** |  | Choose an item. | Choose an item. | Choose an item. |
| **Contact Name** | **Contact Title** |
|  |  |
| **Phone Number** | **Email Address** |
|  |  |

*\*Find your Congressional and MD Legislative Districts at* [*www.mdelect.net*](http://www.mdelect.net)

**Part 3: Project Status Update**

|  |  |
| --- | --- |
| **Project Development Status** | **Project Groundbreaking Status** |
| Choose an item. | Choose an item. |
| **Project Construction Status** | **Project Commissioning Status** |
| Choose an item. | Choose an item. |
| **Additional Project Status Details***Please provide any additional relevant information regarding project status below.* |
|  |

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**Part 4: Workflow Diagram**

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| *In the space below, please provide a chart detailing project milestone dates – both initially projected, and actually completed (e.g. Development, Design, Groundbreaking, Construction, etc.). The preferred format is a Gantt Chart, but alternative formats are acceptable as long as they logically and clearly detail the timelines.* |
|  |

**Part 5: Job Hours Worked**

|  |
| --- |
| *Please provide the number of hours worked by the respective parties toward the completion of the CHP project. Job hours should be inclusive of all hours pertaining to CHP system completion and the administrative time required to further the Project.* |
| **Grantee** |  |
| **Contractor(s)** |  |
| **Subcontractor(s)** |  |

**Part 6: Photos & Attachments**

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| *If applicable, please provide photos of the Project’s current stage as attachments to this report. Please name the photo files appropriately and provide a brief description in the section below regarding what is depicted in each photo.* |
| **Photo Title** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Optional: Please attach any additional documentation relevant to this Quarterly Status Update, and provide a description of the relevance of this documentation in the box below.* |
|  |