

EXHIBIT 15-4-A NSP

QUARTERLY UPDATE REPORT
Montana NSP Program

NAME OF GRANTEE: _____

DATE OF ANNOUNCEMENT: _____
OF GRANT AWARD

GRANT CONTRACT: #MT-NSP-____-____-____ GRANT AMENDMENT: #MT-NSP-____-____-____

QUARTER REPORTING: MARCH JUNE SEPTEMBER DECEMBER
(Please circle one.)

PERCENT COMPLETED: _____ DATE REPORT COMPLETED: _____
(refer to implementation schedule)

NSP CONSTRUCTION PROJECTS:

Please complete the table for each construction project, including the project location, scope of work, and anticipated or actual completion date. (Please add rows as needed)

Address	Scope of Work	Anticipated/Actual Completion Date
Ex. 1: 123 Any Street Your Town, MT	Rehab	July 1, 2009
Ex. 2: 123 Any Street Your Town, MT	Demolition	September 1, 2009

START-UP CONDITIONS

Include comments on the items in the Project Start-up Checklist in Exhibit 1-G.NSP, CDBG/NSP Grant Administration Manual and on the items in Section 17 (Special Project Start-Up Conditions) of the NSP contract for your project.

Milestones Completed: _____

Issues / Problems Encountered: _____

ENVIRONMENTAL REVIEW

Include comments on the items in the Environmental Review Checklist in Exhibit 2-B.NSP, CDBG/NSP Grant Administration Manual and in Section 17(a)(i) of the NSP contract for your project.

Milestones Completed: _____

Issues / Problems Encountered: _____

PROCUREMENT & BIDDING STANDARDS (refer to Chapters 3 and 9 of Admin Manual)

Include comments on the items in the Procurement Checklist in Exhibit 3-I.NSP, CDBG/NSP Grant Administration Manual and on relevant procurement issues from Chapter 9 (bid solicitation).

Milestones Completed: _____

Issues / Problems Encountered: _____

PROGRAM INCOME

Property location: _____ Income earned on property:\$ _____
Income amount reinvested:\$ _____ Eligible use of Reinvestment: _____
Reinvestment property location: _____

CLOSEOUT

Address	# of Homes Secured	# of Households Assisted	Income Level
Ex. 1: 123 Any Street Your Town, MT	2	1	50% AMI or below
		1	51% AMI or above
			50% AMI or below
			51 % AMI or above
			50% AMI or below
			50% AMI or above

Name of Preparer:	Email Address:	Phone:
		Dated: