State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance
EC-SDC Grant Program
101 S. Webster St., PO Box 7921
Madison, WI 53707-7921
dnr.wi.gov

## Semiannual Progress Report BIL EC-SDC Grant Program for OTM and

Non-Profit NN Public Water Systems
Form 8700-028 (02/2024)

Project Information	
Grantee Name	PWS ID #
Project Name	Grant #
Reporting	
Report Period:   March 1, 20   September 1, 20	_
Is this the final report? □ No □ Yes	
Project Status	
Provide a narrative description of the current status of your grant project (attach additional sheets if needed).	
1. Describe progress in the last 6 months on this project (e.g., construction, installation, and system startup):	
2. Describe problems encountered within the past 6 months	on this project:
<ol> <li>Describe and explain any pertinent information or any cha applicable, otherwise write 'N/A' and skip to #5):</li> </ol>	nges in project costs, timeline, or anticipated completion date (if
4. If any problems were identified above, will the project be s	ignificantly delayed as a result? Please explain:
5. Indicate remaining work required to complete this project (if applicable, otherwise write 'N/A'):	
Certification	
I certify that to the best of my knowledge and belief that the inf	ormation provided above is true and correct.
Please either print and sign this form or electronically sign to signing this form, you are agreeing to be legally bound to the signature on a paper document submitted to satisfy the san	ne same extent as if you applied a traditional handwritten
Signature of Public Water System's Authorized Representative	Date Signed
Printed Name of Authorized Representative	Title of Authorized Representative

Send completed form to: <a href="mailto:DNRECSDCGrants@wisconsin.gov">DNRECSDCGrants@wisconsin.gov</a>.