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

Send completed form to your DNR Project Manager.

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

BIL EC-SDC Grant Program for Municipal Systems Form 8700-039 (12/2024)

Pr	oject Information
Мι	inicipality Grant #
Pr	oject Name
Re	porting
Re	port Period: □ January 1, 20 □ July 1, 20
ls	this the final report?   No  Yes
Project Status	
Pr	ovide 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:
3.	Describe and explain any pertinent information or any changes in project costs, timeline, or anticipated completion date (if applicable, otherwise write 'N/A' and skip to #5):
4.	If any problems were identified above, will the project be significantly delayed as a result? Please explain:
5.	Indicate remaining work required to complete this project (if applicable, otherwise write 'N/A'):
Ce	rtification
	ertify that to the best of my knowledge and belief that the information provided above is true and correct.
Please either print and sign this form or electronically sign by typing your name in the signature line. If electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.	
Siç	gnature of Municipality's Authorized Representative Date Signed
Pr	nted Name of Authorized Representative  Title of Authorized Representative