

**Please return this form to:**

Bureau of Highway Safety  
164 State House Station  
Augusta, ME 04333-0164

**DRE/FP SUMMARY PROGRESS REPORT**

For the period beginning

For the period ending

SUBGRANTEE:

SUBGRANT #:

PROJECT TITLE:

PROJECT  
DIRECTOR:

REPORT TYPE  Monthly  Quarterly  Final

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Describe the activities of the project, including problems encountered, achievements, etc. Details should relate to measurable goals and objectives; methods and procedures; and evaluation data as outlined in the subgrant application. Use continuation pages as necessary.

I certify that all activities reported herein are supported by appropriate documentation, and that such activities have been in compliance with applicable governmental regulation and any special conditions of this subgrant award.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

, Project Director