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| MCR Planning Grant Completion Report  Planning Completion Reports must be submitted for approval by the Department of Commerce within 60 days of completion of the project. | | | |
| A. Grantee |  | | |
| B. Primary contact |  | | |
| C. Phone and email |  |  | |
| D. County, City, Zip Code |  | | |
| E. DOC Contract Number |  | | |
| F. Planning project |  | | |
| G. Name and location of all primary contractors, subcontractors and sub- recipient entities engaged in any of the activities described in Section 6, “Scope of Work of Contract” | **Contractor Name** | | **City, State** |
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| H. Current status of planning project | Finished | | |
| I. Project completion date |  | | |
| J. Cumulative costs incurred over life of project |  | | |
| K. Grant funds remaining,  if any |  | | |

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| L. Project accomplishments |  |
| M. Steps the grantee will pursue as a result of this planning project. |  |
| N. Any additional comments |  |
| To the best of my knowledge and belief, the information provided on this form is true and correct.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |