

**EXHIBIT 13-4-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: