

**SAFE STREETS AND ROADS FOR ALL (SS4A)
DISCRETIONARY GRANT PROGRAM
Quarterly Performance Progress Report**

OMB CONTROL NUMBER: 2125-0675
EXPIRATION DATE: 07/31/2027

Project Information			
PROJECT NAME			
STATE	FEDERAL AGENCY TO WHICH REPORT IS SUBMITTED	SUBMISSION DATE	AWARD NUMBER
	FHWA		
NAME OF GRANT RECIPIENT		REPORT YEAR AND QUARTER	NOFO FUNDING YEAR

Project Overall Status	
Below, please describe any deviations from the scope, schedule, and budget in the grant agreement:	
Scope	
Schedule	
Budget	
<p>Project Significant Activities and Issues <i>(limited to 750 characters; to submit additional information, please attach it to the completed form with the award number and report year and quarter reporting):</i></p> 	
<p>Action Items/Outstanding Issues <i>(limited to 750 characters; to submit additional information, please attach it to the completed form with the award number and report year and quarter reporting):</i></p> 	

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Action Plan Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned Draft Action Plan Completion Date:			
Planned Action Plan Completion Date:			
Planned Action Plan Adoption Date:			
Planned SS4A Final Report Submission Date:			
Supplemental Planning Activity Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned Draft Completion Date:			
Planned Completion Date:			
Planned Final Action Plan Adoption Date:			
Planned SS4A Final Report Submission Date:			
Demonstration Activity Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Last Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			
Planned Construction Start Date:			
Planned Construction Substantial Completion and Open to Public Use Date:			
Planned SS4A Final Report Submission Date:			

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Implementation (Construction) Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			
Planned Construction Start Date:			
Planned Construction Substantial Completion and Open to Public Use Date:			
Planned SS4A Final Report Submission Date:			

Implementation (Non-Construction) Project Milestones			
Milestone	Baseline Date (Grant Agreement)	Latest Amended Date (If applicable)	Actual/Expected Date
Planned NEPA Completion Date:			
Planned Activity Completion Date:			
Planned SS4A Final Report Submission Date:			

Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Name of Authorized Certifying Official:

Title of Authorized Certifying Official:

Signature of Authorized Certifying Official:	Telephone (Area code, number and extension):
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Email Address:

FORM INSTRUCTIONS

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2125-0675. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, D.C. 20590.

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PERFORMANCE PROGRESS REPORT

Item	Data Element	Line Item Instructions
PROJECT INFORMATION		
1	Project Name	Enter the project name associated with the award number.
2	State	Enter the recipient State.
3	Federal Agency To Which Report Is Submitted	FHWA will be pre-populated in this field.
4	Submission Date	Enter the date the report was submitted.
5	Award Number	Enter the award number identified in the Grant Agreement.
6	Name of Grant Recipient	Enter name of the grant recipient.
7	Report Year and Quarter	Enter the quarterly report year and quarter for the calendar year (CY).
8	NOFO Funding Year	In drop down menu, select the Fiscal Year (FY) year of funding and NOFO publication (e.g., first round = FY2022).
PROJECT STATUS		
9	Scope	Enter any deviations from the scope, schedule and/or budget from what is in the grant agreement.
10	Schedule	
11	Budget	
12	Project Significant Activities and Issues	This section should draw attention to, and track the progress of, highly significant or sensitive issues requiring action and direction in order to resolve. The Recipient should include administrative items and outstanding issues that could have a significant or adverse effect on the project's scope, schedule, or budget. Status, responsible person(s), and due dates should be included for each action item/outstanding issue. Action items requiring action or direction should be included in the quarterly status meeting agenda. The action items/outstanding issues may be dropped from this section upon full implementation of the remedial action, and upon no further monitoring anticipated.
13	Action Items/Outstanding Issues	
PROJECT MILESTONES		
14	Project Milestones	Enter for each milestone the baseline date identified in the grant agreement, the latest amended date, and actual/expected completion date.

CERTIFICATION		
15	Name of Authorized Certifying Official	Enter authorized official's name.
16	Title of Authorized Certifying Official	Enter authorized official's title.
17	Signature of Authorized Certifying Official	Original signature of the recipient's authorized official (e.g., digital signature or handwritten signature).
18	Telephone	Enter authorized official's telephone.
19	Email Address	Enter authorized official's email address.