



Department of Environmental Protection
Bureau of Abandoned Mine Reclamation
Abandoned Mine Land and Abandoned Mine Drainage Grant Program
WORK PROGRESS REPORT

Grant Manager: _____ Report Period: _____ to _____

Grantee: _____ Document Number: _____

Project Name and Number: _____

Report completed by: _____
Name Title

Project Work Completed During the Period: % Complete _____

Proposed Activity for Next Quarter:

Grantee Review & Approval: As the grantee, I have knowledge of the work completed during the reporting period and have reviewed and approved this Work Progress Report.

Signature Title Date