

B.C. ACTIVE TRANSPORTATION INFRASTRUCTURE GRANTS PROGRAM INFRASTRUCTURE PROGRESS REPORT

The purpose of this form is to update the Ministry of Transportation and Transit on the progress of the approved project. Please complete and email to BCATgrants@gov.bc.ca.

SECTION I - PROJECT INFO	DRMATION		
Proponent Name:		Conditional Grant Agreement/Project No.:	:
Project Title:			•
SECTION II – PROJECT PRO	OGRESS		
Project status at (date): (Cho from the drop down)	ose the date Construction start date	Construction start date (planned or actual):	
On target	Project completion dat	Project completion date (planned or actual):	
Behind schedule *(please explanation under Section IV)		Percentage of construction complete at report date:	
,		plete by March 31, Choose the Year	%
CECTION III DECORIDATION	LOT DDG ITOT DDGGDTGG		
SECTION III – DESCRIPTION Please provide brief descriptio Conditional Grant Agreement	on of project progress for this reporting	period based on project works listed on Schedu	ıle A of the
SECTION IV – OUTSTANDING ISSUES			
If project is behind schedule, please indicate why and what efforts are being made to ensure that the terms in the CGA are met. If a			
scope change or an extension to project completion is required, please provide justification below. All scope changes and extensions to the project end date must be approved by the Ministry before any changes are implemented, otherwise expenses incurred may not be			
eligible. If approved, a CGA amendment will be prepared for signature by both parties. Important note when extending the completion			
	community may be eligible for the grant re intakes until the project is completed	intake immediately following when the open pr	oject was awarded,
SECTION V - FUTURE MILE	STONES		
Is an opening ceremony being	planned? YES or NO	If yes, when?	
Are any other promotional eve releases being planned?	ents or news YES or NO	If yes, when?	
Please send an invitation at least 21 working days in advance or sooner to BCATgrants@gov.bc.ca.			
If there are any additional com	nments regarding milestones or event p	lanning, please provide them here:	
SECTION VI – CONTACT INF Contact Name:	FORMATION	Phone:	
		Email:	
Title:			
Signature:		Date:	

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