**[DATE]**

**Jackie Cassino**

**Better Connections Program Manager**

**Agency of Transportation**

**One National Life Drive**

**5th Floor Davis Building**

**Montpelier, Vermont 05633-5001**

RE: Better Connections Grant Agreement- [GRANT NUMBER]

Dear Jackie,

Enclosed please find Invoice #[X] for services rendered [DATES] for the Better Connections Grant Program in the amount due of [TOTAL AMOUNT REQUESTING FROM AGENCY]. We certify that our match portion for this invoice, in the amount of [CASH MATCH AMOUNT], does not include any sources of federal dollars. The quarterly report for the same period is enclosed for your review and approval.

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).

Please call me if you have any questions.

Sincerely,

[LOCAL PROJECT MANAGER]

[CONTACT INFORMATION]

**Vermont Agency of Transportation- [TOWN]**

**Better Connections Grant Agreement**

**[Grant number]**

**Quarterly Work Report**

**For the Period**

**[Dates]**

Submitted by:

[Local Project Manager Name, Title, Contact Information]

Date Submitted: [Date]

*Consultant staff activity with corresponding hours are annotated by project tasks. Those staff activities in each task are subdivided into the work plan’s “activities” and “products” section of the Better Connections grant contract. These activities represent the totality of work performed by relevant consultant staff during the billing period. Billing invoices, with attached supplementary materials, are enclosed with this work report.*

**PROJECT Billing SUMMARY**

**Services From [Dates]**

SAMPLE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Billing Phase** | **Contract Amount** | **Percent Complete** | **Total Invoice to Date** | **Previously Billed** | **Due this Invoice** |
| Task 1: Project Kick off Meeting | $2,500.00 | 100.00 | $2,500.00 | $2,500.00 | 0.00 |
| Task 2: Existing Conditions Assessment | $6,537.00 | 95.00 | $6,210.15 | $3,595.35 | $2614.80 |
| Task 3: Public Meeting Round 1 |  |  |  |  |  |
| Task 4: Alternative Scenarios & Prioritization |  |  |  |  |  |
| Task 5: Public Meeting Round 2 |  |  |  |  |  |
| Task 6: Final Recommendations & Report |  |  |  |  |  |
| **Total Fees** |  |  |  |  |  |

|  |
| --- |
| **Reimbursable Expenses** |
| Travel Expense |  |  |  |
| [DATE] | [STAFF] | [Description] | [amount] |
| 5/6/215 | Jane Doe | Travel to steering committee meeting | $66.70 |
| Total Reimbursable | $66.70 |
| **TOTAL THIS INVOICE** | **$2681.50** |

**Progress Report**

**[Project name]**

**[grant number]**

Our progress report follows on the above referenced project for the period ending [date]. Sample

**Task 1. Project kick off meeting**

* 100% complete

**Task 2. Existing conditions assessment**

* 95% complete
* Draft document has been delivered
* TO DO: update based on steering committee and public input

**Task 3.Public Meeting 1**

* 0% complete
* TO DO: [BASED ON IDENTIFIED SUBTASKS & DELIVERABLES]

**Task 4. alterantive scenarios & prioritization**

* 0% complete
* TO DO: [BASED ON IDENTIFIED SUBTASKS & DELIVERABLES]

**Task 5.Public Meeting 2**

* 0% complete
* TO DO: [BASED ON IDENTIFIED SUBTASKS & DELIVERABLES]

**Task 6.Final recommendations and report**

* 0% complete
* TO DO: [BASED ON IDENTIFIED SUBTASKS & DELIVERABLES]

**Attachments**

**[all relevant doucmnetation for reimburseables such as reciepts, car rental forms, etc.]**