



**State of Alaska Department of Transportation and Public
Facilities
Recreational Trails Program
Grantee Performance Standards Progress Assessment**

Organization Name: _____

Project Title: _____

Project Number: _____

Period of Performance: _____

Payment Request Number: _____

Were project task(s) completed per the approved timeline schedule? Yes No

Did the grantee organization adhere to their approved scope of work and budget? Yes No

Did the grantee organization submit progress report and reimbursement request by the deadlines outlined in the grant award? Yes No

Was the progress report detailed and include required photographs? Yes No

Was the reimbursement request and associated attachments correctly calculated, complete, and legible? Did the grantee organization respond timely, if more information was required? Yes No

Additional Comments:



Current Grantee Performance: Acceptable

Grantee complied with all categories stated above.

Needs Improvement

Grantee required to take action to improve on highlighted tasks prior to the next Progress Assessment or Final Assessment and provide proof they will perform better by indicating a plan of how they will meet categories for future assessments.

Assessment Completed By

Signature

Date

Printed Name:

Title:

Phone:

Email Address: dot.rtp@alaska.gov

Grants Section Manager Approval

Signature

Date

Printed Name:

Title: Program Manager

Phone: 907-223-4664

Email Address: Parks.RTPGrantApp@alaska.gov