CONTRACTOR:	Agreement #
<u>P</u> ]	ROJECT STATUS
As	of
(Submit semi-annually and with each payment request.)	
Please list all tasks and indicate the status of each. Attach additional pages if necessary.  Task # should match the task number in the Agreement work program.  A/T indicate if Date of Completion is Actual or Target Date for anticipated completion of the task.  Products/Accomplishments should list products completed or other accomplishments.	
Task Date of Completion	Percent of Completion
	Products/Accomplishments
Please note problems encountered, propo adjustment(s):	osed adjustment(s) to work program/schedule, and reason(s) for proposed
Please provide the following information	ı:
Name of contact Person:	
Email Address:	
Phone Number:	
Fax Number:	