**ATTACHMENT E**

**REPORTING FORM**

**VOLKSWAGEN MITIGATION TRANSIT CAPITAL ASSISTANCE GRANT PROGRAM**

The Department must meet Trustee reporting requirements, including semi-annual reports describing the progress in implementing each project. The Department must collect information from the Grantee in order to create these reports. The Department must also collect information to track project implementation in accordance with program terms and conditions.

Grantee shall report twice annually on program activities. Grantee shall report on the period beginning when the Grant Agreement is fully executed and terminating when the recipient has received final payment for all projects as shown in Attachment D – Budget. Failure to submit complete and accurate reports prior to the reporting deadline may constitute cause for suspension of payments or agreement termination.

Submission due dates:

|  |  |
| --- | --- |
| **Reporting Period** | **Due Date** |
| January 1 through June 30 | July 15 |
| July 1 through December 31 | January 15 |

INSTRUCTIONS

1. Complete all fields.
2. Sign and date
3. Save form, keep a copy for your records
4. Submit the completed, electronic copy of this form to [vwsettlement@wisconsin.gov](mailto:vwsettlement@wisconsin.gov)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| State of Wisconsin  Department of Administration  Division of Enterprise operations  VW MItigation program  09/2019 | | |  | | 101 East Wilson Street, 6th FLoor  PO Box 7867  Madison, WI 53707-7867  <https://doa.wi.gov/Pages/vwsettlementwisconsin.aspx>  Submit form to vwsettlement@wisconsin.gov | | |
| VOLKSWAGEN MITIGATION TRANSIT CAPITAL ASSISTANCE GRANT PROGRAM  Semi-annual Report | | | | | |
| Section 1 **REQUIRED** | | | | | |
| Grantee | Click or tap here to enter text. | | | | |
| Date | Click or tap to enter a date. | | Project ID No.  *(from grant agreement)* | | Click or tap here to enter text. |
| Contact Person  *(name, title, phone, email)* | Click or tap here to enter text. | | | | |
| Reporting Period  *(check one)* | January through June  July through December | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 2 **REQUIRED. TOTAL FOR ALL VEHICLE REPLACEMENT PROJECTS** | | | |
| Total Eligible Project Costs Incurred During Reporting Period\* | $Enter text. | Total Eligible Project Costs Paid During Reporting Period | $Enter text. |
| Detailed Description of Project Activities During Reporting Period. Include Dates. | | | |
| Click or tap here to enter text. | | | |
| Detailed Description of Planned Project Activities for Upcoming Reporting Period (6 months). | | | |
| Click or tap here to enter text. | | | |

*\*incurred costs include any expenses Grantee has assumed liability for and intends to seek reimbursement from the VW Mitigation Program.*

|  |  |
| --- | --- |
| Authorized Representative Signature  *(typed signature acceptable)* | Click or tap here to enter text. |
| Print Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |