Allenstown Hazard Mitigation Plan Update 2021	Lapses ➤	03-10-26

Mitigation Action Project Progress Report *Committee to include Ch 8. Action Plan pages that describe Action*	Report Date ➤ *at least annually, semi-annually ideal*	xx-xx-22 *MM-DD-YY*
Action/Project Title from **Mitigation Action Plan** ➤	Action # ➤	#
Possible Funding Sources ➤	**Anticipated Cost Estimate $** ➤	$
Staff / Department / Board **Responsible for Implementation** ➤	Contact **Name** ➤ and Title ➤	
Email Address ➤	Direct **Phone** Number ➤	
Mitigation Action Plan Completion Date ➤ *MM-YY*	**Updated Start Date Goal** ➤	*MM-DD-YY*

Action/Project Implementation Status

Please check ✓ one Status box below and fill in the accompanying Action Status information.

✓	**Action or Project is….**		
	Completed Indicate When ➤ *MM-DD-YY*	*Committee to **move** Completed Action from Ch 8 Mitigation Action Plan to Ch 7 Completed Action Table.*	
	Delayed Indicate Why ➤	Delayed **START** Until ➤	*MM-YY*
	On Schedule Start Date ➤ *MM-DD-YY*	**New Completion Date** ➤	*MM-YY*
	Should be **Deleted** Indicate Why ➤	*Committee to **move** Deleted Action from Ch 8 Mitigation Action Plan to Ch 7 Deleted Action Table*	
	Ongoing		

Action Progress Report for this Period

1. What was accomplished for this Action during this reporting period? ➤	
2. What **obstacles, problems, or delays** did the project encounter? ➤ • **Has funding ($) been secured** from Town Appropriation or do grant ➤ applications need to be written? • **Do you need assistance** from another ➤ Department / Board /Staff member?	
3. If not **Completed**, is the Action still **relevant** to the Town? Yes or No ➤ • **What steps should be taken**, such as securing funding, permits, RFPs, etc.? ➤ • **Should Action be changed** or revised as described in the Haz Mit Plan?	
4. Other comments? ➤ *Feel free to include additional pages to support Progress Report*	

Report Completed by ➤		Title ➤	

Return to: _____ at Allenstown or (603) 485-4276 | Town of Allenstown | 16 School St