Kentucky Recreational Trails Program

Annual Progress Report

Date Submitted:	
Reporting Period:	
Project #:	Contact Person:
Project Name:	Phone:
Project Sponsor:	Email:

Progress Report:

Please provide a detailed narrative in the box below on all project activites for the selected reporting period. Include progress made, problems encountered, next steps, etc.

Percentage of	
Project Complete:	
Estimated Completion Date:	
Submitted By:	
Title:	