

PA SHPO
Keystone Historic Preservation Grant Program
Quarterly Status Report

ESAID or PASHARE Project No: _____

Name of Property/ Project: _____

Period Covered: From _____ To _____

Grantee: _____

Address: _____

Project Contact: _____ Phone: _____

Project Contact Email: _____

Accomplishments to date



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Revised work schedule, if appropriate

