Please complete a progress report for the award received through the “Virginia’s Top 10 Endangered

Artifacts” program. Please use this cover sheet to guide you in writing a summary of your project and

please sign and attach upon completion. Report is due by **December 31, 2024**. Failure to submit a

timely and acceptable progress report places an honoree in noncompliance with the conditions of the

Award Agreement and can result in disqualification of future program participation.

1. Award Recipient/Organization Name and Contact Information

2. Artifact Title

3. Please provide name of assessor or conservator whom you worked with.

4. Briefly describe the progress to date in completing the objectives of conservation/preservation

efforts noted in your original application.

5. Briefly describe any difficulties that were encountered in completing the conservation/preservation

project. (If applicable.)

6. Please provide any notable experiences, benefits, successes that your organization experienced

due to your participation in this project. This information will benefit our abilities to maximize

press coverage and promotion as well as for reporting to various stakeholders and potential

donors.

7. Please include a summary budget of how the award has been used.

8. Please submit digital images of the artifact and its progress to date.

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name & Title of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_