



# Arizona Governor's Office of Highway Safety Quarterly Progress Report

Date: _____	<b>FOR GOHS USE ONLY</b>	GOHS Grant Coordinator Initials: _____
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<b>Agency Name:</b>  <b>GOHS Grant Agreement Number:</b>	<b>Report Period</b> <input type="checkbox"/> Quarter #1 (October 1 – December 31) <input type="checkbox"/> Quarter #2 (January 1 – March 31) <input type="checkbox"/> Quarter #3 (April 1 – June 30) <input type="checkbox"/> Quarter #4 (July 1 – September 30)
<b>Project Title:</b>	

Please describe your agency's progress towards meeting the Goals (see page #3) outlined in your grant agreement.

Please describe your agency's progress towards the completion of the Objectives (see page #3) outlined in your grant agreement.

Was any capital equipment over \$5,000 per item purchased with grant funds this quarter? Yes  No

If yes, what type of equipment?

What is the status of the purchased equipment?

- In bid process    On order    Delivered    Awaiting installation  
 Installed    Operational/On Line

Were any materials and supplies purchased this quarter?  Yes  No

If yes, please provide a general description of purchase made.

**DO NOT ATTACH REPORTS OF COSTS INCURRED (RCIs) TO QUARTERLY REPORT**

**Project Administrator**

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**Project Director**

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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