Arizona Governor’s Office of Highway Safety Quarterly Progress Report

**Date:**

**FOR GOHS USE ONLY**

**GOHS Grant Coordinator Initials:**

|  |  |
| --- | --- |
| **Agency Name:****GOHS Grant Agreement Number**: | **Report Period****Quarter #1 (October 1 – December 31)****Quarter #2 (January 1 – March 31)****Quarter #3 (April 1 – June 30)****Quarter #4 (July 1 – September 30)** |
| **Project Title:** |

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

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

On order

Installed

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

No

Yes

Were any materials and supplies purchased this quarter?

Operational/On Line

Awaiting installation

Delivered

In bid process

What is the status of the purchased equipment?

No

Was any capital equipment over $5,000 per item purchased with grant funds this quarter? Yes

If yes, what type of equipment?

# 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: