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|  | **Federal Grant** **Quarterly Progress Report** **FOR GOHS USE ONLY****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GOHS Grant Coordinator Initials: \_\_\_\_\_\_\_\_\_\_** |

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| **Agency Name:**      **GOHS Grant Agreement Number**:       | **Federal Fiscal Year 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:**       |

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| Please describe your agency’s progress towards meeting the Goals (see page #3) outlined in your grant agreement. Including statistical data. (*EM Grants, include extrication details*)  |
| Please describe your agency’s progress towards the completion of the Objectives (see page #3) outlined in your grant agreement. Including statistical data. (*EM Grants, include training details*)  |
| Were any materials and supplies purchased this quarter? [ ]  Yes [ ]  No [ ]  NA, for this grantIf yes, please provide a general description of purchase made.If no, please explain why? |
| Was any capital equipment over $5,000 per item purchased with grant funds this quarter?[ ]  Yes [ ]  No [ ]  NA, for this grantIf yes, what type of equipment?If no, please explain why?\*\*\*Please remember to send the **Capital Outlay** form (if applicable including supporting documents such as pictures to your GOHS Grant Project Specialist).What is the status of the purchased equipment?[ ]  In bid process [ ]  On order [ ]  Delivered [ ]  Awaiting installation [ ]  Installed [ ]  Operational/On Line |
| A Press Release was approved by GOHS and a copy was provided thisquarter?  [ ]  Yes [ ]  No [ ]  NA, completed in a previous quarterIf no, please provide to GOHS as this is required and outlined in the grant agreement.  |
| **Federal Grants Only** Are you a Law Enforcement Agency? [ ]  Yes [ ]  NoIf yes, please provide details of any community collaboration this quarter (Or Complete this link (https://www.surveymonkey.com/r/GOHS-Law-enforcement-collaboration-activity-form).If no, please provide details of any upcoming / scheduled community collaboration (date, location, etc).  |

**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: