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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 grant  If 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 grant  If 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 quarter  If 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  No  If 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: