|  |  |
| --- | --- |
|  | **Arizona Governor’s Office of Highway Safety**  **Quarterly Progress Report**  **FOR GOHS USE ONLY**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 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: