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

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| **Agency Name:**      **GOHS Contract 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:**      |

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| Please describe your agency’s progress towards meeting the Goals (see page #3) outlined in your contract.  |
| Please describe your agency’s progress towards the completion of the Objectives (see page #3) outlined in your contract.  |
| 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 [ ]  NoIf 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: