

MT 9-1-1 GRANT PROGRAM QUARTERLY PROGRESS REPORT ARM 2.13.410

Grantee Name:		CONTRACT ID: MT9-1-1 Grant-20		
Project Description:		Fiscal Year Awarded:		
Original Amount Awarded:	Amount F	Requested to Date:		
PROJECT GOALS AND OBJECTIVES — Short described in the grant application/consupports the progress towards NG9-1-1:				
Explain any delays you are experiencing:				
Planned activities for next reporting period:				

		Reporting Period: SF	Y20	
		CHECK REPORTING PERIOD	REPORT DUE DATE	
	Quarter 1	July 1 through September 30	October 15	
	Quarter 2	October 1 through December 31	l January 15	
	Quarter 3	January 1 through March 31	April 16	
	Quarter 4	_ April 1 through June 30	July 15	
	REPORT S	UBMITTED BY	Гах ID #: 81-	
Authorized Printed Name & Title:		& Title:	Authorized Signature:	
Phone	& Date:			
City/S	State/Zip:	1	Email Address:	

NOTE: Progress Reports are due quarterly or with the submittal of a "Payment/Reimbursement Request Form". If grant recipient provides the department progress reports more often than quarterly, the recipient need not provide the quarterly report.

Reports are to be emailed to rsullivan@mt.gov

Contact Info: Rhonda Sullivan, 9-1-1 Program Manager, Phone: 406-410-0105, Helena