**Executive Office of Public Safety and Security**

**State 911 Department**

**FY20 Regional PSAP & Regional Secondary PSAP and RECC**

**Development Grant**

**Quarterly Progress Report**

|  |  |
| --- | --- |
| Date: | PSAP:  |
| Contract Manager Name: | Telephone: |
| Street Address: | Fax: |
| City/Town: | Zip: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reporting Period** |  | **Report Due Date** |
| Quarter \_\_\_  | July 1, 2018 – September 30, 2018 |   | October 15, 2018 |
| Quarter \_ \_ | October 1, 2018 – December 31, 2018 |   | January 15, 2019 |
| Quarter \_\_\_  | January 1, 2019 – March 31, 2019 |   | April 16, 2019 |
| Quarter \_\_\_ | April 1, 2019 – June 30, 2019 |   | July 15, 2019 |

**A quarterly progress report must be submitted with both the overall and detailed quarterly financial reports no later than fifteen days after the end of each quarter.**

Reimbursement /Disbursement requests may not be processed if the grantee fails to submit reports. This report serves as a narrative of project progress over the preceding three months. Please use a separate page(s) to provide brief responses to the information requested below.

**Programmatic Progress**

1. Describe your progress in completing the feasibility study. Be sure to include copies (paper and electronic) of any RFR(s), resulting contract(s) and final study/reports when available.
2. Explain any delays you are experiencing and the steps that are being taken to address them; include modified timelines where applicable.
3. Identify spending projections to include but not limited to planned procurement, contractor payment schedule(s) for the project.
4. Outline the planned activities for the next reporting period.
5. Discuss coordination efforts with the participating communities, providing a schedule of meetings, meeting minutes, action items, and resolutions where applicable.
6. Detail positive impacts/outcomes experienced or expected as a result of regionalization efforts.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature, Authorized Signatory*  *Date*

**Please mail this report and the quarterly financial report to:**

**State 911 Department**

151 Campanelli Drive, Suite A

Middleborough, MA 02346

**ATTN: Cindy Reynolds**