Municipal Vulnerability Preparedness Program Quarterly Report Date:

Grantee (Name of Municipality):

Local MVP Contact Name:

Contracted MVP provider(s) (First and last name, company):

Please provide a summary of all MVP progress to date, including but not limited to: meetings with consultants, core team meetings, status of scheduling and completion of MVP workshop(s) and listening session(s).

Please detail if you require any additional assistance from EEA or partners. Please also detail whether a change in schedule or scope of work is anticipated (Note: Any changes to scope must be approved by your MVP Regional Coordinator):

Please provide an itemized list of spending to date for all expenses (i.e., services provided by the MVP provider). Please attach final invoices to this report.

|  |  |
| --- | --- |
| Expense description: | Amount: |
|  |  |
| Total: |  |

Please provide details on match hours completed by municipal staff/volunteers.

|  |  |  |
| --- | --- | --- |
| Match task/date: | Personnel (include title if applicable): | Total hours: |
|  |  |  |
| Total: |  |  |

