|  |
| --- |
| **EMSD Capital Quarterly Report** |
| **Reporting Period:**  | **Agency:**  |  |   | **Quarter: (YYQ)** |
|  |  |
| **Project Manager:**  | **Phone number:**  |
|
| **Scope:** |
|
| **Miles Traveled** |
| **This quarter:** |
| **Annual Goal:** |
| **Percentage Completed:**  |
| **Inception-date:**  |
| **Preventative Maintenance:** |  |  |  |  |
|  |
|  |
|  |  |  |  |  |
| **How many trips has the agency provided?** |
| **This quarter:**  |
| **Annual Goal:** |
| **Percentage Completed:** |
| **Inception-date:** |

|  |
| --- |
| **EMSD Operating Quarterly Report** |
| **Reporting Period:** | **Agency:** |  |   | **Quarter: (YYQ)** |
|  |  |
| **Project Manager:**  | **Phone number:** |
|
| **Scope:** |  |  |  |  |
|  |
| **How many people has program/service served with this grant?**  |
| **This Quarter:**  |
| **Annual Goal:**  |
| **Percentage Completed:** |
| **Inception-date:**  |
| **How many events has program/service hosted this quarter?**  |  |  |
| **Workshops:**  |
| **How many trips has the program/service provided?** |
| **This quarter:**  |
| **Annual Goal:** |
| **Percentage Completed:** |
| **Inception-date:**  |