|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | | | | |