KENTUCKY
FIRE COMMISSION
STATE FIRE RESCUE TRAINING

TRAINING FACILITY GRANT PROGRESS REPORT

Fire Department/Association: _____

FD Contact Name & Email:_____

Check the box for the quarter you are reporting:

☐**Q1 (July – September)** ☐**Q2 (October- December)**

☐**Q3 (January - March)** ☐**Q4 (April- June)**

Is this also your final report (project complete and all funds spent)? ☐**Yes** ☐**No**

Describe the progress made this quarter:

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Signature of Authorized Certifying Official **Printed Name and Title of Certifying Official**

_____

Date