



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:

Signature of Authorized Certifying Official

Printed Name and Title of Certifying Official

Date