



**KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING**

TRAINING FACILITY GRANT PROGRESS REPORT

Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Quarter of: _____ Through: _____

Title of Project: _____

Progress made this quarter: _____

Signature of Authorized Certifying Official

Printed Name and Title of Certifying Official

Date