**Quarterly Project Report (QPR)**

**Return to: Office of Emergency Communications**

**2400 Wright Street**

**Madison, WI 53704**

**Interop@wisconsin.gov**

**Project Main Point of Contact and Program Information**

**Note: Any changes for Project Point of Contact should be communicated to OEC staff in writing within 30 days of the change taking place**

|  |  |
| --- | --- |
| Name (Last, First) |  |
| Title |  |
| Subgrantee Agency Name |  |
| Phone Number |  |
| E-mail |  |
| County/Municipality |  |
| Grant Number |  |
| Quarterly Report Date | July 30th**\_\_\_** Oct 30th**\_\_\_** Jan 30th**\_\_\_** April 30th**\_\_\_**  |

|  |  |
| --- | --- |
|  |  |
| Start Date of Project (mm/dd/yyyy)I.e., when did you sign your grant award documents? |  |
| Is the Project on Schedule? If no, provide a new estimated completion date in the box below and an explanation why in your narrative for Question #3 below | Y [ ]  N[ ]  (Indicate One) |
| Estimated (or new) Project Completion Date (mm/dd/yyyy) |  |
| Amount of Approved Grant (Federal Amount and Local Share) | $ |
| Approximate Amount Spent to Date  | $ |
| Do you expect your project cost to exceed the amount set out in your grant budget? Y[ ]  N [ ] If yes, list your estimated overrun in the box to the right  | $ |
| Do you expect your requested reimbursement to be less than the amount set out in your budget? Y[ ]  N[ ] If yes, list your estimated underrun in the box to the right | $ |

**Grant Quarterly Report Narrative:**

1. Please provide an estimated percentage of the work completed thus far.

Click or tap here to enter text.

1. Based on the percentage identified above, provide a narrative summary of progress on the project demonstrating the percentage of work completed. Please indicate where the project is in the purchasing process (e.g., RFP, bids, purchasing, installation.) Attach additional sheets if necessary.
	1. NOTE: If you have completed a procurement and/or contract with your vendor for your project, submit those documents with your quarterly progress report or within 30 days of contract signing.

Click or tap here to enter text.

1. Do you anticipate any delays in your project or do you require other assistance to complete your project on time?

Click or tap here to enter text.

1. Other information pertinent to the overall project:

Click or tap here to enter text.

1. List any supporting attachments that will accompany this quarterly report form.

**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Main Point of Contact Date**