



**Reporting Period: SFY20 \_ \_**

	<b><u>CHECK REPORTING PERIOD</u></b>	<b><u>REPORT DUE DATE</u></b>
Quarter 1 _____	July 1 through September 30	October 15
Quarter 2 _____	October 1 through December 31	January 15
Quarter 3 _____	January 1 through March 31	April 16
Quarter 4 _____	April 1 through June 30	July 15

<b>REPORT SUBMITTED BY</b>	<b>Tax ID #: 81-</b>
<b>Authorized Printed Name &amp; Title:</b>	<b>Authorized Signature:</b>
<b>Phone &amp; Date:</b>	
<b>City/State/Zip:</b>	<b>Email Address:</b>

**NOTE: Progress Reports are due quarterly or with the submittal of a "Payment/Reimbursement Request Form". If grant recipient provides the department progress reports more often than quarterly, the recipient need not provide the quarterly report.**

**Reports are to be emailed to [rsullivan@mt.gov](mailto:rsullivan@mt.gov)**

**Contact Info: Rhonda Sullivan, 9-1-1 Program Manager, Phone: 406-444-2420, Helena**