**Quarterly Report**

*Complete and submit via HRSA’s Electronic Handbook system EHBs.*

**Recipient Name:** **Grant #:**

**NOA Term:** Recipient is required to submit quarterly updates on status of completion of Work Plan activities within 30 days of end of each budget period quarter. Update should discuss any budget issues (i.e. staffing, travel, contracts) that are impacting completion timeline or ability to drawdown related financial resources as planned.

**This report covers the reporting period from (check appropriate box):**

[ ] Sept 1- Nov 30 **(due Dec 30)** [ ] Mar 1- May31 **(due Jun 30)**

☐Dec 1-Feb 28 **(due Mar 30)** [ ]  Jun 1- Aug 31 **(due Sep 30)**

1. **Quarterly Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Category | ApprovedBudget (from most recent NoA)  | Carryover request (or estimated) from previous budget period | PriorExpenses (Previous Quarterly Report update) | Expenditures this Quarter (estimated) | Total Spent to Date (estimated) | Balance Remaining (estimated) |
| Personnel |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Contractual |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Indirect |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

1. **Have you reviewed expenditures with your finance office this quarter?**
2. **Are there any budget concerns? Are there delays or problems with any of your contracts?** If so, please explain.
3. **Have you met with your contractors this quarter?** Are there changes to your statement of work with contractors?
4. **Were there any significant changes to staffing in your office or for any of your contracts?** If so, please explain.
5. **Status of Work Plan Activities:** Please respond to the following **and submit** along with updates to the approved **FY 20** **Flex Work Plan** to the Electronic Handbook (Submissions Module). Add a column heading for *Quarterly Update* and provide the status of each work plan activity scheduled in the reporting quarter. Explain incomplete and postponed activities. **Were there any challenges impacting completion of work during the quarter?** If so, please explain.
6. **If the state has an FY 20 Flex EMS supplement project:** please provide a brief status update for planned EMS supplement activities in the current quarter. Describe any challenges, delays, or work plan changes.