**FY 2019 Flex Quarterly Report**

Grant Specific Term: *Grantee 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.*

Please use this template for completing Flex quarterly reports. Upload two files to the Electronic Handbooks (EHB) quarterly report task: **1) this template completed for the quarter** and **2) updated FY 19 Flex work plan indicating progress-to-date on planned activities**. Quarterly reports are due within 30 days of the quarter’s end: December 30, 2019, March 30, 2020, June 30, 2020, and September 30, 2020.

With the two attachments this quarterly report should provide a brief status update for work plan activities, discuss issues that may affect the timeline or budget and highlight any changes in the work plan since the most recent update, which is either the FY 18 Funding Progress Report or the most recent quarterly report.

To update the FY 19 approved work plan: If the work plan is in table format, **add a column heading for *Quarterly Update*** and provide the status of each work plan activity. If the work plan is in paragraph format, **add a paragraph heading for *Quarterly Update*** and provide the status of each work plan activity.

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| --- | --- | --- | --- | --- | --- |
| **State** | **Program** | **Grant Number** | | **Total Award Amount** | |
| Enter State | **Flex** | **U2WRH-**00000 | | **$** 000,000 | |
|  | | | | | |
| **For budget period quarter ending:** | | | End of quarter. | | |
|  | | | | | |
| **Amount of FY 19 award spent at end of current quarter: (use best estimate)** | | | | | **$** 000,000 |
|  | | | | | |
| Provide a brief status update for planned activities in the current quarter. Were there any challenges impacting completion of work? | | | | | |
| Enter text here. | | | | | |
| Explain any project delays or other changes from the approved work plan. | | | | | |
| Enter text here. | | | | | |
| Are there any budget issues (i.e. staffing, travel, contracts) impacting the work plan timeline or the ability to drawdown related financial resources as planned? Provide action steps for resolution of any issues. Identify unspent FY 18 funds and how they were (or will be) spent. | | | | | |
| Enter text here. | | | | | |
| If the state has an FY 19 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. | | | | | |
| Enter text here. Skip if no EMS supplement. | | | | | |