**OPIOID OPERATIONAL COMMAND CENTER**

**FY 2020 Quarterly Project Report**

**Award Recipient**: Click or tap here to enter text.

**Grant Period**: FY2020 (July 1, 2019 – June 30, 2020)

**Point of Contact**:

|  |  |
| --- | --- |
| First/Last Name: Click or tap here to enter text. | Mailing Address: |
| Position: Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Website: Click or tap here to enter text. |

**Total Amount Awarded:** Click or tap here to enter text.

**Total Funds Obligated To Date:** Click or tap here to enter text.

**Total Reimbursements Requested By Recipient**: Click or tap here to enter text.

**Total Fund Balance Remaining:** Click or tap here to enter text.

**Date of this Report**: Click or tap to enter a date.

**Project Finances**

1. *Please inform us if the funding provided by this grant will be sufficient to meet the program’s goals and objectives.*
2. *Please describe the timeline for expending the remainder of your grant award.*

**Performance Measures**

*If your organization did not meet any of the target performance measures for this quarter, please provide an explanation below. Please include supporting documentation as well as any other accomplishments of the project(s).*

*To the best of my knowledge, I certify that all the information provided herein is true and correct.*

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_