



# Division of Statewide Emergency Telecommunications

## Quarterly Reporting Form

Emergency communications centers receiving E9-1-1 subsidy  
Under Section 28-24-3 of the State CT Regulations

Name of City/Regional (Subsidy Recipient): \_\_\_\_\_

Name and Title of Individual Completing this Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quarterly Report\* for following period: ☐ July 1 - September 30 ☐ January 1 - March 31  
☐ October 1 - December 31 ☐ April 1 - June 30

*(\*Quarterly Reports are due no later than 60 days after the end of the quarter.)*

Supporting data and invoices, such as actual disbursements, costs, and items which have been funded under this grant, must be included with this cover page.

How were funds were used this Quarter? (Please check the all that apply)			
	<input checked="" type="checkbox"/>	List / Describe	Amount
Salaries			
Training			
General Operations			
Special Projects			
Other			

**Total Amount:**