

# 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.

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