



Quarterly Report

Date: **Click or tap to enter a date.**

Grantee (Name of Municipality): **Click or tap here to enter text.**

Local MVP Contact Name: **Click or tap here to enter text.**

Contracted MVP provider(s) (First and last name, company): **Click or tap here to enter text.**

Please provide a summary of all MVP progress to date, including but not limited to: meetings with consultants, core team meetings, status of scheduling and completion of MVP workshop(s) and listening session(s).

Click or tap here to enter text.

Please detail if you require any additional assistance from EEA or partners. Please also detail whether a change in schedule or scope of work is anticipated (Note: Any changes to scope must be approved by your MVP Regional Coordinator):

Click or tap here to enter text.

Please provide an itemized list of spending to date for all expenses (i.e., services provided by the MVP provider). Please attach final invoices to this report.

Expense description:	Amount:
Total:	

Please provide details on match hours completed by municipal staff/volunteers.

Match task/date:	Personnel (include title if applicable):	Total hours:
Total:		