

Reference #	10544861
Status	Complete
Regional Planning Commission (COG)	1600 - Houston-Galveston Area Council
Submitter Email:	Justin.Riley@h-gac.com
Submitter Phone:	8326812548
Year/Quarter	*OPEN*2019 Q4: 6/1/19 -8/31/19 (DUE 9/30/19)
1) Enter the number of current and potential grantees notified of HSGD funding opportunities by the COG.	0
2) Were HSAC meetings held at which business relating to the services listed in this Agreement conducted?	Yes
2a) Enter the number of HSAC meetings held at which business relating to the services listed in this Agreement was conducted.	1
2b) Enter the date of each meeting and a brief description of the purpose of the HSAC meeting at which business relating to the services listed in this Agreement was conducted. Please format your response as follows< DD/MM/YY - Purpose of Meeting> Example Entry: 09/25/15 - Update HSAC Policies and Procedures	
1	06/25/2019 - Discuss deobligation plan
3) Enter the total number of grant application planning workshops, workgroups and/or subcommittee meetings conducted and the total number of attendees.	
Total Held	
Workshops	0
Workgroups	0
Subcommittees	0
Total Attendees	

4) Enter the number of times the COG provided technical assistance to applicants (assistance with application processes).

0

5 a) Enter the number of times the COG provided technical assistance to grantee organizations that were on HSGD's VENDOR HOLD list (assistance with resolving VENDOR HOLD issues).

0

5 b) Enter the number of times the COG provided technical assistance to grantee organizations that were on PROJECT HOLD (assistance with resolving FUND HOLD or LINE ITEM HOLD issues).

0

6) Enter the number of times the COG provided grantee organizations with technical assistance on HSGD's eGrant system (assistance with eGrants processes for funded projects).

0

7) Enter the number of times the COG provided grantee organizations with technical assistance on the Texas Regional Response Network (TRRN) (assistance with signing up for/using TRRN).

0

8) Enter the number of Public Information Act requests and/or Media requests handled that were related to SHSP and the

0

services provided under this Agreement.

I certify the information provided in this Quarterly Report is true and correct, to the best of my knowledge, at the time of submission. By entering your full name, you certify to the above statement.

Justin Riley

Last Update

2019-10-02 10:26:16

Start Time

2019-10-02 10:24:02

Finish Time

2019-10-02 10:26:16

IP

12.11.127.253

Browser

IE

OS

Windows

Referrer

https://fs3.formsite.com/OOG_HSGD/COG_Quarterly/index.html
