



Kentucky Division of Emergency Management
Local Program Performance Objective Progress Report

AREA #: 13

EM Agency: Division of Environmental and Emergency Management

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

FY: 2007

REPORTING PERIOD

1st Qtr.
(Oct., Nov., Dec.)

2nd Qtr.
(Jan., Feb., Mar.)

3rd Qtr.
(Apr., May, June)

4th Qtr.
(July, Aug. Sept.)

Please list the Performance Objectives by name which is being reported on. (Maintain Plans, Complete Training, Conduct Exercise, EOC Operations, Search & Rescue, Maintain DES Organization, Perform Awareness & Crisis Communication, and Administrative).

Summary of Accomplishment:

Multiple horizontal lines for text entry under the Summary of Accomplishment section.

