

Subgrant Award #: '

## **State of Connecticut**

**Department of Emergency Services & Public Protection**Division of Emergency Management & Homeland Security



## **CT-NSGP Progress Report**

Due quarterly, regardless of work occurring in quarter

Quarter ending:

Organization:	Year:
Please provide details (including dates for each milestone). If facility, provide updates for all locations).	the subgrant includes more than one
1: State Historic Preservation Office review (if building is 50 years or applicable. Use the space below to describe any issues or updates.	older) - attach correspondence if
2. 8:11: / / / / /	
2: Bidding/procurement processes/updates:	
3: Vendor award/contract selection:	
4: Building Permit/Guidance from Fire Marshall. Not needed for all բ	projects. Updates, if needed:

Subgrant #:		
Organization:		
5: Installation/construction updates:		
6: Other project details:		
Signature of Project Point of Contact	Date	

Please scan/email completed and signed form to: DEMHS.CT-NSGP@ct.gov