



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



DEMHS QUARTERLY PROGRESS REPORT for sub-recipients

rev. 2025

Sub-Grant No.

Sub-Grant Title

Sub-Grantee

Report covering _____ to _____ Grant Period of Performance _____ to _____

Name of Person Submitting Report:

Title:

Phone

Email

Signature

FOR THIS QUARTER

1. List tasks completed according to the FEMA-approved work schedule.

2. Is the timeline on track? Yes. No. Percentage of project complete

If No: Describe the reason for the delay

3. Has the Scope of Work changed? Yes. No.

If Yes: What has changed? A MODIFICATION REQUEST must be submitted to DEMHS

4. Has the FEMA-approved budget changed?

Yes No

If Yes: What has changed? A MODIFICATION REQUEST must be submitted to DEMHS

5. FEMA approved project completion date

DEMHS Review Only

Date:

Reviewed by:

Notes:

For construction projects please include photos and attach them to this report