



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**