



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



Federal Nonprofit Security Grant Program (NSGP-S)
Quarterly Progress Report
Due quarterly regardless of work occurring in the quarter

**Please submit the reports to
DEMHS.NSGP@ct.gov**

Sub-Grant #:
Sub-Grant Title:
Sub-Grantee:
Period Covered: _____ to _____

Name of Person Submitting
Report: Title:
Address:

Phone:
Email:
Signature:

1. Briefly summarize project activities for this quarter. Include statistical information, for example, the number of staff trained, the number and type of equipment purchased, etc.

2. Is the project on schedule? Yes. No.
If not, why?

3. Is the project adhering to the original Investment Justification? Yes. No.
If not, why?

4. Are there any new approaches or strategies being considered or implemented?
Yes. No.
If so, explain:

5. Is the project fully staffed?
Yes. No.
If so, explain: