



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



QUARTERLY PROGRESS REPORT

rev. 2023

Sub-Grant No.

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.

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

3. Is the project adhering to the original scope of work? Yes. No.
If not, why?

4. Are there any potential changes in the scope of work or cost over runs projected?
Yes. No.
If so, explain:

5. Estimated project completion date: