



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



QUARTERLY PROGRESS REPORT

Sub-Grant No.:
 Sub-Grant Title:
 Sub-Grantee:
 Period Covered: _____ to _____

For an electronic copy of this form, please visit
[https://portal.ct.gov/DEMHS/Grants/
 Homeland-Security-Grant-Program/Guidance-
 and-Forms](https://portal.ct.gov/DEMHS/Grants/Homeland-Security-Grant-Program/Guidance-and-Forms)

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 sub-application? 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: