



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



QUARTERLY PROGRESS REPORT

Updated May 2025

Sub-Grant No.:

Sub-Grant Project Title:

Sub-Grantee Name:

Period Covered:

Point of Contact Name:

Title:

Phone:

Email:

Signature:

- 1. Briefly summarize project activities for this quarter.**

- 2. Is the project on schedule?**
 - a. Yes
 - b. No
 - c. If not, why?

- 3. Is the project adhering to the original sub-application?**
 - a. Yes
 - b. No
 - c. If not, why?

- 4. Have any additional cybersecurity gaps or vulnerabilities been identified throughout project implementation?**
 - a. Yes
 - b. No
 - c. If so, explain:

- 5. Completion of the Nationwide Cybersecurity Review (NCSR) is a post-award requirement under this program. As of this report, have you completed the NCSR?**
 - a. Yes
 - b. No