



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



QUARTERLY PROGRESS REPORT

Sub-Grant No.:
Sub-Grant Project Title:
Sub-Grantee Name:
Period Covered:
Point of Contact Name:
Title:
Address:
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