



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