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** ◯