

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

CT PA Project Progress Report

APPLICANT: _____

PROJECT WORKSHEET # _____ DISASTER # _____

PROJECT TITLE (CATEGORY/SITE): _____

% OF PROJECT COMPLETE AS OF TODAY'S DATE: _____ % TODAY'S DATE: _____

DATE PROJECT COMPLETED: _____ ANTICIPATED COMPLETION DATE: _____

FOR LARGE PROJECTS ONLY: ESTIMATED FUNDS EXPENDED ON THIS PROJECT TO DATE:

\$ _____

IF PROJECT IS NOT DONE, PLEASE CHECK A RESPONSE BELOW:

____ WE HAVE NOT COMPLETED THE PROJECT. WE WILL BE FILING A REQUEST FOR A TIME EXTENSION.

____ PROJECT NOT YET COMPLETED, BUT WILL BE COMPLETED BY THE DEADLINE.

____ WE WILL NOT BE COMPLETING THE PROJECT. WE WILL RETURN THE FUNDS TO THE STATE OF CONNECTICUT.

APPLICANT NOTES on Progress, Problems, Delays, etc.:

NAME/TITLE OF PERSON SUBMITTING REPORT: _____

E-MAIL _____ BUSINESS PHONE _____

CELL _____

Quarterly Reports due on: April 1, July 1, Oct 1, Jan 1 for Quarterly Reporting Periods:
__ 1st Qtr - Jan-March __ 2nd Qtr - April-June __ 3rd Qtr - July-Sept __ 4th Qtr - Oct-Dec