

INSTRUCTIONS FOR QUARTERLY REPORTING



The quarterly reporting package is used to track the status of the grantees projects and progress on a quarterly basis.

Forms:

The reporting package is made up of both a *Progress* and *Financial Report* that covers the previous quarter; it tracks progress both programmatically and financially. Please answer each question to the best of your ability.

Submission:

This package is due on a quarterly basis from the time of subgrant execution until subgrant closeout. Our quarterly reporting schedule can be found on our website at www.ct.gov/demhs.

Electronic submission and signature is allowable and recommended for the quarterly reporting package (original signatures however are required on the reimbursement request document). Electronic signatures can be obtained by double clicking on the signature space and inserting a signature profile.

Please submit all quarterly reports to your program manager as indicated on your notice of grant award letter.

COMPLETION CHECKLIST



- Part 1- Quarterly Progress Report
- Part 2- Quarterly Financial Report
- Each form has been signed by electronic signature and emailed to your program manager.



State of Connecticut
Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security

PART 1. QUARTERLY PROGRESS REPORT



Sub-Grant No. _____

Sub Grant Title : _____

Sub-Grantee _____

Address: _____

Report Date: _____

Report Prepared By : _____

Period Covered

Signature: _____

Project Director or Financial Officer of Record for the Sub-Grantee



- 1. Briefly summarize project activities for this quarter. Please include supporting statistical information, for example, the number and type of equipment purchased, etc.**

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

- 3. Have the following steps been accomplished?**

- a) Has the project design been completed? Yes. No.
- b) Has the bid been completed for the project? Yes. No.
- c) Have contracts been awarded? Yes. No.
- d) Has the equipment installation begun? Yes. No.
- e) Approximate project completion percentage _____ %
- f) Has equipment testing been completed? Yes. No.

Revised 11/2013



Grant Program: School Security Competitive Grant Program
Financial Report Percentage Complete: _____

Grant Number: _____
Subgrantee: _____

Directions: Please enter data in the green cells only. The grey cell will total your figures automatically.

Budget Line Items	1. Amount on Notice of Grant award.		2. Period included in reimbursement request.		3. Other expenditures from previous reimbursement requests.	
	Total Project Budget		This Quarter's Project Outlays		Cumulative Project Outlays	
	State Funding	Match Funding	State Funding	Match Funding	State Funding	Match Funding
Equipment	\$	\$	\$	\$	\$	\$
Training	\$	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$	\$

Budget Line Items	Total of Outlays		Balance	
	State Funding	Match Funding	State Funding	Match Funding
Equipment	\$	\$	\$	\$
Training	\$	\$	\$	\$
Totals	\$	\$	\$	\$

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays

Signature: _____ Date: _____ 

(Project Director or Financial Officer of Record in charge of sub-grant)