



**Mississippi Department of Public Safety
Office of Homeland Security**



**PROGRESS REPORT
BSIR INFORMATION REQUEST FORM**

Date: _____

Project Manager: _____

Sub grantee: _____

Grant Award Number: _____

Phone: _____ Email: _____

Award Period: **Please Check**

January/March April/June

July/September October/December

Project Title: _____

Project Type: _____

Project Zip Code: _____

Project Description: _____

Award Amount: _____

Amount Expended: _____

Investment Supported: Check One

Homeland Security Specialized Response Teams

Community Level Homeland Security Preparedness

Strengthening Information Sharing & Collaboration Capabilities

NIMS

Does this project support a Previously Awarded Investment? Yes No



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Primary Core Capability: Circle One

Environmental Response/Health and Safety
 Interdiction and Disruption
 Operational Communications
 Access Control and Identity Verification
 Fatality Management Services
 Intelligence and Information Sharing
 Long-term Vulnerability Reduction
 Physical Protective Measures
 Public Health and Medical Services
 Risk and Disaster Resilience Assessment
 Housing
 Infrastructure Systems
 Risk Management for Protection Programs and Activities
 Screening, Search, and Detection

Supply Chain Integrity and Security
 Economic Recovery
 Natural and Cultural Resources
 Situational Assessment
 Threats and Hazard Identification
 Cybersecurity
 Mass Care Services
 Mass Search and Rescue Operations
 On-Scene Security and Protection
 Operational Coordination
 Planning
 Critical Transportation
 Forensics and Attribution
 Health and Social Services
 Public and Private Services and Resources
 Public Information and Warning

Capabilities Building: (Check One) Sustain Build

Deployable: (Check One) Yes No

Shareable: (Check One) Yes No

Project Status: (Check One)

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Not started | <input type="checkbox"/> Behind Schedule | <input type="checkbox"/> Complete |
| <input type="checkbox"/> On Schedule | <input type="checkbox"/> Ahead of Schedule | <input type="checkbox"/> Cancelled |

Start Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

Does this project require new construction, renovation, retrofitting or modifications of existing structure? Yes No (Check One)



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MILESTONE AND NIMS TYPING

Milestone (Type Below)	Milestone Complete
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does this project support a NIMS typed Resource? Yes No

Project Title - Will present details of the project user. The title of the project

Project Type - The type of project. Examples include: Establish/enhance Citizen Corps Councils, Establish/enhance cyber security program, and Establish/enhance emergency operations center.

Project Description - The project description field allows the user to enter a statement up to a maximum of 1000 characters describing the details surrounding the project.