Mississippi Department of Public Safety

Office of Homeland Security

Quarterly Programmatic Report

Date Received by MOHS: _____

Date:	_____
Grant Award Number:	_____
Funding Source:	_____
Organization:	_____
Project Manager:	_____
Telephone:	_____
Email:	_____

Please check the box of the quarterly reporting period and fill in the year

❏ **Oct 1 - Dec 31** _____

❏ **Jan 1 - Mar 31** _____

❏ **Apr 1 - Jun 30** _____

❏ **Jul 1 - Sep 30** _____

Is this a FINAL/CLOSE OUT report for this grant?   ☐Yes   ☐No

If yes, enter the amount of unspent funds being returned to MOHS:

If yes, is the Property Control Form attached? (If applicable)   ☐Yes   ☐No

1. What percentage of funds have been encumbered or expended to date?

2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:

Status #1:

Milestone #2:

Status #2:

Milestone #3:

Status #3:

Milestone #4:

Status #4:

3. Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?

4. List any jurisdictional changes for authorized persons involved in completing this project. This would include Project/Program Managers, Finance Staff, etc.

None

5. Grant Funded Training/Exercise: **(Please complete this section if applicable)**

5. A. List the number of employees who have completed NIMS training, including the course number.

Course #

5. B. Describe any approved preparedness exercises that your jurisdiction held during the reporting period. Confirm that your agency has utilized the FEMA Homeland Security Exercise and Evaluation Program (HSEEP) toolkit. If applicable, please visit the HSEEP toolkit link https://hseep.dhs.gov/pages/1001_HSEEP7.aspx.

5. C. Describe any other approved training undertaken by your jurisdictional staff during the reporting period. Confirm your agency utilized the training approval procedure and request form.

5. D. Describe in detail how any approved training conducted using HSGP funds addresses a performance gap.

For MOHS Use Only

Grants Reporting Officer signature:

Date:

Comments:

Revised 6/15/18