DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY Grant Programs Directorate Performance Report - Cover Sheet					
Name of Organization:	Small	Town Co FD	Award Number:	EMW-2018-PU-0009	99
Grant Period of Performance:	09/01/19	То	09/02/23	Reporting Period End Date:	08/01/20
Award Amount (Federal Share):	\$232,322,322	Report Frequency:	Semi-Annual	Final Report?	Yes
Identify all the projects funded under this award: Project 1 - XYZ, Project 3 - ABC					
Are SF-425 reports up-to-date ir	n the PARS System?	Yes	Are there any questi agreement?	ions or concerns regarding the award	No
If yes, please describe the quest	If yes, please describe the questions or concerns:				
procurement standards (2 C.F.R					No
Have there been personnel char the award agreement?	nges that may impac	t the requirements under	No	Has your assigned Program Analyst been notified?	N/A
Has your organization experience Grants?	ed any system issue	s, such as PARS or ND	No	Has your assigned Program Analyst been notified?	N/A
If yes, please describe the system	n issues:	fkldjfksljflkdsjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjj	jjjjjjjjeowjfolwejfolwj	jfoiwejfiowejfoiwjfoiweiowejiofewjiofjw	eoifjweoifjwoifjweio
Has this award received any adv	ance monitoring from	m either Regional GMS or	HQ PA, such as a site	visit or desk review?	No
If yes, were there any finding?		N/A	Have the finding bee	en resolved?	N/A
If applicable, please identify the findings:					
Does your organization have a regional security plan in place?	No	If yes, what is the plan called?	Area Maritime Security Plan (AMSP)	When was the plan last updated?	Sep-18
					No
If yes, what is the name of this g	•	Panddwkjwid	, ,	How often do partners meet?	Never
Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.					
Name of Certifying	Official:	Title of Certifyi	ng Official:	Email Address:	Date:
John Jones skklsdlksdkf;lk skklsdlksdkf;lk 07/02					07/02/20

Duala at Titla			s Directorate Performance R		Duala at Status	
Project Title:	Camera kkljfksljfksdjkldsj	a Project	Project Number:	3	Project Status:	In-progress
Project Description:						
Total Project Amount:	\$809,890	Federal Share Project Amount:	\$9,889,789,789	Federal Share Project Balance:	\$7,877	,878
EHP Submission Date: (If applicable, otherwise put N/A)		/ /	EHP Approval Date: (If pendir for not applicable put N/A)		04/05	/19
Other than EHP require	ements, does the project	Ves - Request for	If applicable, when was the		Date received for	/ /
include items that requ		Approval Submitted	request submitted?	04/05/19	approval:	04/05/19
Project sta fdfddf	tus during the reporting p	eriod (accomplishments/a	chievements). Include details	for the procurement of	services and/or equip	ment.
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of Work during this rep	odifications to the original porting period?	or amended statement	Yes	Has your assigned Progr notified?	am Analyst been	N/A
if applicable, describe requested. fdfsdsds	modifications to the origi	nal or amended Statement	of Work during this reporting	period and include whe	ther or not an amend	nent was
Investment	es (Identified on the Justification)	Original Start Date	Original Completion Date	Adjusted Start Date	Adjusted Completion Date	Status
dfs	dssdfs 2				05/07/19	Canceled
	3		06/01/17		03/07/17	Completed
	4	03/12/15		05/04/19		Pending
tsts	dsdfsd 6					In-progress
	7					
	dfd 9					In-progress
	10	12/14/20				In-progress
wewe	Please explain if signi	ficant events have caused	delays in accomplishing miles	tones within the intende	ed timeframe.	
For training wewe	projects identify the cour	rse, location, number of at	tendees, and whether or not t	the training provides a ce	ertificate upon of com	pletion.
Summarize planned activity during the next reporting period.						
wewe						
		Please complete the fo	bllowing section if the project	t is complete.		
3423423	Summary of	project accomplishments/	achievements throughout the	grant period of perform	ance.	
	he project increased the i	ntended capability. addres	sed or closed security vulnera	abilities and the impact it	: has made or projecte	d to make.
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Ple	ase identify and describe	any impact this grant proj	ect had on the mitigation of te	errorism incidents or crin	nınal activity?	
Provide an explanation if there are unobligated funds and/or unfinished project work.						
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	be the collaboration with	your Local, State and Fede	eral Partners regarding how th	nis project addresses vulr	nerabilities in your are	a.
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		Grant Program
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Other than EHP requir include items that requ	ements, does the project uire prior approval?	Yes - Request for Approval Submitted
Project sta	tus during the reporting p	period (accomplishments/a
of Work during this rep		l or amended Statement nal or amended Statement
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	es (Identified on the : Justification)	Original Start Date
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Describe how the project increased the	intended capability, addres	
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Please identify and describ	e any impact this grant proj	
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Yes	Has your assigned Progr	am Analyst been	N/A
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			Canceled
		05/07/19	
06/01/17			Completed
	05/04/19		Pending
			In-progress
			In-progress

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delays in accomplishing milestones within the intended	d timeframe.	
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Original Mileston Investment	es (Identified on the Justification)	Original Start Date	

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