

**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
PORT SECURITY GRANT PROGRAM PERFORMANCE REPORT**

OMB Control No: 1660-0114  
Expiration: 11/30/2023

Name of Organization:		Award Number:	
Grant Period of Performance:	To	Reporting Period End Date:	
Award Amount (Federal Share):	Report Frequency:	Final Report?	
Identify all the projects funded under this award:			
Are SF-425 reports up-to-date in the PARS System?		Are there any questions or concerns regarding the award agreement?	
If yes, please describe the questions or concerns:			
Does your organization take measures to ensure grant compliance with the Award Agreement, which includes, but not limited to procurement standards (2 C.F.R. §§ 200.317-200.326)?			
Have there been personnel changes that may impact the requirements under the award agreement?		Has your assigned Program Analyst been notified?	
Has your organization experienced any system issues, such as PARS or ND Grants?		Has your assigned Program Analyst been notified?	
If yes, please describe the system issues:			
Has this award received any advance monitoring from either Regional GMS or HQ PA, such as a site visit or desk review?			
If yes, were there any finding?		Have the finding been resolved?	
If applicable, please identify the findings:			
Does your organization have a regional security plan in place?	If yes, what is the plan called?	When was the plan last updated?	
Does your organization participate in an existing security or risk mitigation meetings with partner agencies in your region?			
If yes, what is the name of this group?		How often do partners meet?	
<b>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.</b>			
Name of Certifying Official:		Title of Certifying Official:	
Email Address:		Date:	

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average \_\_\_ per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0114). Do not send your completed form to this address.

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f) NOTE:

Grant Programs Directorate Performance Report					
Project Title:		Project Number:		Project Status:	
Project Description:					
Total Project Amount:		Federal Share Project Amount:		Federal Share Project Balance:	
EHP Submission Date: (if applicable, otherwise put N/A)		EHP Approval Date: (if pending write in-progress and for not applicable put N/A)			
Other than EHP requirements, does the project include items that require prior approval?		if applicable, when was the request submitted?		Date received for approval:	
Project status during the reporting period (accomplishments/achievements). Include details for the procurement of services and/or equipment.					
Has there been any modifications to the original or amended Statement of Work during this reporting period?		Has your assigned Program Analyst been notified?			
If applicable, describe modifications to the original or amended statement of work during this reporting period and include whether or not an amendment was requested.					
Original Milestones (Identified on the Investment Justification)	Original Start Date	Original Completion Date	Adjusted Start Date	Adjusted Completion Date	Status
Please explain if significant events have caused delays in accomplishing milestones within the intended timeframe.					
For training projects identify the course, location, number of attendees, and whether or not the training provides a certificate upon of completion.					
Summarize planned activity during the next reporting period.					
<b>Please complete the following section if the project is complete.</b>					
Summary of project accomplishments/achievements throughout the grant period of performance.					
Describe how the project increased the intended capability, addressed or closed security vulnerabilities and the impact it has made or projected to make.					
Please identify and describe any impact this grant project had on the mitigation of terrorism incidents or criminal activity?					
Provide an explanation if there are unobligated funds and/or unfinished project work.					
Describe the collaboration with your Local, State and Federal Partners regarding how this project addresses vulnerabilities in your area.					

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