

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

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

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| 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? | |
| 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 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 completing and reviewing this collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for 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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b) NOTE:

| Grant Programs Directorate Performance Report | | | | | |
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| 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. | | | | | |
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| Has there been any modifications to the original or amended Statement of Work during this reporting period? | | | | Has your assigned Program Analyst been notified? | |
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| Summarize planned activity during the next reporting period. | | | | | |
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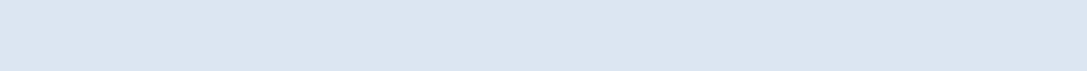
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