

STATE MANAGED PROJECTS QUARTERLY NARRATIVE REPORT

Grant Year:		Grant Program:	
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Jurisdiction:		Reporting Period:	
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Category:	<input type="checkbox"/> Training	<input type="checkbox"/> Exercise	<input type="checkbox"/> Planning	<input type="checkbox"/> Equipment	<input type="checkbox"/> Site Vulnerability Assessment	<input type="checkbox"/> CCP
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<input type="checkbox"/> No activity this quarter	<input type="checkbox"/> Activity this quarter (see below)
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Briefly explain type of activity this quarter:

Jurisdiction Participation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (see below)	
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Briefly explain obstacles with jurisdiction participation:

Required Documents: (Check all that apply, attach supporting documents, if applicable)

<input type="checkbox"/> Training Roster	<input type="checkbox"/> Training Agenda
<input type="checkbox"/> Travel Documents	<input type="checkbox"/> Exercise Agenda
<input type="checkbox"/> After Action Report	<input type="checkbox"/> PC II Sensitive
<input type="checkbox"/> Assessment Report	<input type="checkbox"/> ACAMS Updated
<input type="checkbox"/> Invoices	<input type="checkbox"/> Correspondence and emails

Other pertinent information that relates to this reporting period:

DHS&EM Project Manager Printed Name:	DHS&EM Program Manager Printed Name:

DHS&EM Project Manager Signature:	DHS&EM Program Manager Signature: