



**California State Nonprofit Security Grant Program (CSNSGP)
Performance Report**

Instructions: Complete all required fields of the Performance Report. Failure to complete all fields may result in additional follow up from Cal OES.

| | | | |
|---|---------------------------|-----------|--|
| Subrecipient: | | | |
| Contact Information: (Name, Phone Number, Email address) | | | |
| Subaward Number: | | | |
| Total Awarded Amount: | | | |
| Subaward Period of Performance: | Start Date: | End Date: | |
| | | | |
| Reporting Period End Date: <ul style="list-style-type: none"> - Reports are to be cumulative, the beginning date for each reporting period is January 1, 2020 - Enter the date report submitted | June 30, 2020 | | |
| | December 31, 2020 | | |
| | June 30, 2021 | | |
| | December 31, 2021 (Final) | | |

Project Number 1

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|---------------------------------|
| Title/Activity: |
| Description: |
| Solution Area: |
| Project Status: |
| Total Budgeted Cost: |
| Amount Expended to Date: |



**California State Nonprofit Security Grant Program
(CSNSGP) Performance Report**

Project Summary: (Describe what has been completed as outlined in the scope of the original project, and what still needs to be completed before the period of performance end date)

Milestones: (List major tasks and their expected completion dates)

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Comments/Explanation for Not Started, Delayed, or Cancelled Status:



**California State Nonprofit Security Grant Program
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Project Number 2

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| Title/Activity: |
| Description: |
| Solution Area: |
| Project Status: |
| Total Budgeted Cost: |
| Amount Expended to Date : |

Project Summary: (Describe what has been completed as outlined in the scope of the original project, and what still needs to be completed before the period of performance end date)

Milestones: (List major tasks and their expected completion dates)

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Comments/Explanation for Not Started, Delayed, or Cancelled Status.

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Project Number 3

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|---------------------------------|
| Title/Activity: |
| Description: |
| Solution Area: |
| Project Status: |
| Total Budgeted Cost: |
| Amount Expended to Date: |

Project Summary: (Describe what has been completed as outlined in the scope of the original project, and what still needs to be completed before the period of performance end date)

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**California State Nonprofit Security Grant Program
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Milestones: (List major tasks and their expected completion dates)

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Comments/Explanation for Not Started, Delayed, or Cancelled Status.

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Project Number 4

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|---------------------------------|
| Title/Activity: |
| Description: |
| Solution Area: |
| Project Status: |
| Total Budgeted Cost: |
| Amount Expended to Date: |



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Project Summary: (Describe what has been completed as outlined in the scope of the original project, and what still needs to be completed before the period of performance end date)

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Milestones: (List major tasks and their expected completion dates)

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Comments/Explanation for Not Started, Delayed, or Cancelled Status.

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**California State Nonprofit Security Grant Program
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Project Number 5

| |
|---------------------------------|
| Title/Activity: |
| Description: |
| Solution Area: |
| Project Status: |
| Total Budgeted Cost: |
| Amount Expended to Date: |

Project Summary: (Describe what has been completed as outlined in the scope of the original project, and what still needs to be completed before the period of performance end date)

Milestones: (List major tasks and their expected completion dates)

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Comments/Explanation for Not Started, Delayed, or Cancelled Status.

The undersigned is a duly appointed Authorized Agent and certifies that the above activities and statuses are true and correct.

Recipient: _____

Signature of Authorized Agent: _____

Printed Name of Authorized Agent: _____

Title: _____ Date: _____