



**California Health Center Security Grant Program (CHCSGP)
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

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)

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

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



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Project Number 2

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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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

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

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

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Project Number 4

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



**California Health Center Security Grant Program (CHCSGP)
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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)

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

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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: _____