



**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:
	12/01/2023	12/31/2025
Reporting Period End Date: <ul style="list-style-type: none"> - Reports are semi-annual - Please detail all activities taking place within the 6 month reporting period. 	June 30, 2024	
	December 31, 2024	
	June 30, 2025	
	December 31, 2025 (Final)	

Project Number 1

Project Title:
Description:
Project Category:
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)

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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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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

Project Title:
Description:
Project Category:
Project Status:
Total Budgeted Cost:
Amount Expended to Date:



**California State Nonprofit Security Grant Program
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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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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.

Subrecipient: _____

Signature of Authorized Agent: _____

Printed Name of Authorized Agent: _____

Title: _____ Date: _____