

# STATE MANAGED PROJECTS QUARTERLY NARRATIVE REPORT

<b>Grant Year:</b>		<b>Grant Program:</b>	
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<b>Jurisdiction:</b>		<b>Reporting Period:</b>	
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<b>Category:</b>	<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"/> <b>No activity this quarter</b>	<input type="checkbox"/> <b>Activity this quarter (see below)</b>
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Briefly explain type of activity this quarter:

<b>Jurisdiction Participation:</b>	<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:

<b>Jurisdiction Project Manager Printed Name:</b>	<b>DHS&amp;EM Project Manager Printed Name:</b>

<b>Jurisdiction Project Manager Signature:</b>	<b>DHS&amp;EM Project Manager Signature:</b>