

EMPG PERFORMANCE PROGRESS REPORT

AK-PPR-A

			Page	of Pages
1. Grantee Name	2. State Grant Number	3a. DUNS	4. Reporting Period (MM/DD/YY)	
		3b. EIN	From:	To:
5. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Report Frequency <input type="checkbox"/> Quarterly <input type="checkbox"/> Special		7. Report Number ____	
8. The tasks identified below are minimum reporting requirements for EMPG recipients. Each task requires a response from the recipient to be eligible for quarterly reimbursement. The recipient is required to substantiate their Work Plan performance by completing the EMPG Progress Indicators report AK-PPR-B. (Briefly explain any performance exceptions not indicated on the AK-PPR-B, attach additional sheets if required)				
8a. Updated metric assessments in the NIMS Compliance Assistance Support Tool (NIMSCAST) by September 30th of each year to show on-going progress and achievement for NIMS implementation				
8b. Updated jurisdiction Logistics Capability Assessment and submitted to DHS&EM by December 31st				
8c. Participated in the state Multi-Year Training and Exercise Plan Workshop (TEPW)				
8d. Developed a local jurisdiction Multi-Year Training and Exercise Plan				
8e. Number of local jurisdiction exercises within the past 12 months				
8f. Additional comments:				
9. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for the performance of activities for the purposes set forth in the award documents.				
9a. Typed or Printed Name of Project Manager			9c. Telephone Number	
9b. Signature of Project Manager			9d. Email Address	
9e. Typed or Printed Name of Signatory Official			9g. Telephone Number	
9e. Signature of Signatory Official			9h. Email Address	
			9i. Date Report Submitted (MM/DD/YY)	