

Performance Report
FISCAL YEAR 2019 Homeland Security Grant Program

Reporting Sub-recipient: _____

Performance Period: from _____ to _____
(see Agreement with County for Performance Period Report due date)

Mailing Instructions: Please complete the performance report and return it by **the appropriate due date as indicated**: (see Agreement with County for Performance Period Report due dates)

Santa Clara County Office of Emergency Services
Attention: Michelle Sandoval
55 West Younger Ave, Suite 450
San Jose CA, 95110

Questions regarding the completion of this performance report should be directed to Santa Clara County Office of Emergency Services (408) 808-7811. Questions can also be sent via email to michelle.sandoval@oes.sccgov.org. Reports can be faxed to (408)294-4689, with a hard copy of the report mailed to the above address.

Part I – Sub-recipient Contact Information

Authorized person who is responsible for completing this form:

Name _____

Title _____

Mailing
Address _____

Phone _____ Fax _____

E-mail _____

Part II – Project Activities

Directions: Complete the following items to reflect activities completed on your project during this reporting period.

1. Project Title: _____

2. Please explain the actions/processes being taken and estimated completion date.

Part III –Signature of Preparer

I certify that I have prepared this report with the most timely and accurate information available.

Signature: _____

Date: _____

Printed Name: _____

Title: _____