

Attachment F  
FLORIDA DIVISION OF EMERGENCY MANAGEMENT  
HLMP  
Quarterly Report Form

**Instructions:** Complete and submit this form to the appropriate Project Manager within 15 days of each quarter's end date.

RECIPIENT: \_\_\_\_\_ PROJECT NO.: \_\_\_\_\_  
PROJECT TYPE: \_\_\_\_\_ CONTRACT NO.: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_ QUARTER ENDING: \_\_\_\_\_

**Advance Payment Information:**

Advance Received ☐ N/A ☐ Amount: \$ \_\_\_\_\_ Advance Settled? Yes ☐ No ☐

Provide reimbursement **projections** for this project (*projections may change*):

Jul-Sep 20\_\_ \$ \_\_\_\_\_ Oct-Dec 20\_\_ \$ \_\_\_\_\_ Jan-Mar 20\_\_ \$ \_\_\_\_\_ Apr-Jun 20\_\_ \$ \_\_\_\_\_

**Target Dates:**

Contract Initiation Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

Estimated Project Completion Date: \_\_\_\_\_

**Percentage** of Work Completed (*may be confirmed by state inspectors*): \_\_\_\_\_%

Project Proceeding on **Schedule**? ☐ Yes ☐ No (If No, please comment below)

Describe **milestones** achieved during this quarter:

\_\_\_\_\_

Provide a **schedule** for the remainder of work to project completion: (Milestones from Contract with estimated dates)

Milestone	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe **issues** or circumstances affecting completion date, milestones, scope of work, and / or cost:

\_\_\_\_\_

**Cost** ☐ Cost Unchanged ☐ Under Budget ☐ Over Budget  
**Status:**

Additional **Comments**/Elaboration:

\_\_\_\_\_

*NOTE: Division of Emergency Management (DEM) staff may perform interim inspections and/or audits at any time. Events may occur between quarterly reports, which have significant impact upon your project(s), such as anticipated overruns, changes in scope of work, etc. Please contact the Division as soon as these conditions become known, otherwise you may be found non-compliant with your sub grant award.*

**Name** of Person Completing This Form (type or print) \_\_\_\_\_ Phone: \_\_\_\_\_

To be completed by Division staff:

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Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Actions: