

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: