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 Status: ☐ Cost Unchanged ☐ Under Budget ☐ Over Budget

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: