

Attachment D

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT
RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM
QUARTERLY REPORT FORM**

RECIPIENT: _____

Project Number # _____

PROJECT LOCATION: _____

DCA ID #: _____

QUARTER ENDING:

Provide amount of advance funds disbursed for period (if applicable) \$ _____

Provide reimbursement projections for this project:

July-Sep, 200__ \$ _____ Oct-Dec, 200__ \$ _____ Jan-Mar, 200__ \$ _____ Apr-June, 200__ \$ _____

July-Sep, 200__ \$ _____ Oct-Dec, 200__ \$ _____ Jan-Mar, 200__ \$ _____ Apr-June, 200__ \$ _____

Percentage of Work Completed (may be confirmed by state inspectors): _____ %

Project Proceeding on Schedule: Yes No

Describe milestones achieved during this quarter:

Provide a schedule for the remainder of work to project completion:

Describe problems or circumstances affecting completion date, milestones, scope of work, and cost:

Cost Status: Cost Unchanged Under Budget Over Budget

Additional Comments/Elaboration:

NOTE: Department of Community Affairs (DCA) 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 DCA as soon as these conditions become known, otherwise you may be found non-compliant with your subgrant award.

Name and Phone Number of Person Completing This Form _____