DEPARTMENT OF COMMUNITY AFFAIRS FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Public Assistance Quarterly Report

Subgra	intee:				FIPS:			_ Disaster# FE	EMA	DR-FL
Repres	sentative: _			Phon	e: ()		State Grant N	Manager:		
Quarte	rly Report	Period:J	an-Mar	Apr-Jun	_Jul-Sep	Oct	-Dec	DATE:		
Project Worksheet Number & Version(s)	Category	Anticipated Completion Date	Percent Complete ¹	Status/Remarks ²			For Large Projects, Jan-Mar., (Year)	Apr-Jun.,(Year)	Jul-Sep., (Year)	Oct-Dec., (Year)

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¹ Reflects work completed on the physical project. Information required for FEMA Quarterly Reporting by the Grantee.
² Quarterly Requests for Reimbursement estimates form the basis of legislative requests for state matching funds and federal pass through authority. Failure to accurately project quarterly needs may affect the availability of funds in a quarter.

If quarterly projections for a Project Worksheet changed from the previous quarterly reporting period, please indicate the reason(s) for the/these change(s) in the Status/Remarks column.

⁴ Projections must be provided four quarters ahead.