DEPARTMENT OF COMMUNITY AFFAIRS
FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Public Assistance Quarterly Report

Subgrantee: _____ FIPS: _____ Disaster# FEMA-_____-DR-FL

Representative: _____ Phone: (___)_____ State Grant Manager: _____

Quarterly Report Period: ___Jan-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, provide future Quarterly Requests for Reimbursement[3] [4]			
					Jan-Mar., _____ (Year)	Apr-Jun., ____ (Year)	Jul-Sep., _____ (Year)	Oct-Dec., ____ (Year)

[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.
[3] 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.