



Oregon Department of Emergency Management (OEM) HMGP, HMGP-PF & Non-Disaster Quarterly Report Form Instructions

What is a Quarterly Report (QR)?

A QR is a document submitted by subrecipients that keeps OEM informed of progress toward completion. Quarterly reporting is an essential component of grant monitoring. The intent of QR monitoring is to provide OEM and the subrecipient the opportunity to review a status update of the project.

OEM sends out QR forms to subrecipients approximately two to three weeks prior to reporting being conducted at the state-level. Please adhere to the deadline included with the QR form. If any questions up during the reporting process, an OEM Mitigation Team representative will reach out to the point(s) of contact directly. **Note that the award letter initiates QR requirements; once awarded, subrecipients should be submitting QRs until completion.**

Please refer to the guidance below when completing your QR form.

Is the subrecipient adhering to the approved scope of work (SOW)?	The approved SOW can be found in the approved subapplication.
Is an amendment to the approved scope of work needed?	If the SOW changes as you work through the project, please inform OEM <u>immediately</u> , as FEMA will need to approve changes before any work not in the original SOW can be done.
Is the project proceeding on schedule?	The approved schedule of work can be found in the approved subapplication. Less than 4% progress is considered delayed.
Is a Period of Performance (POP) extension needed?	The approved POP can be found in the award letter. If you believe you'll need a POP extension, please inform OEM at least three months prior to the end of the current POP.
Percent of project complete?	Project completion must increase by at least 4% each quarter.
Estimated Completion Date?	If the completion date is after final date of the POP on the award letter, the subrecipient must request an extension.
Has the subrecipient reviewed and adhered to all Environmental Historical and Preservation (EHP) conditions?	Any EHP conditions can be found in the Environmental Conditions of Approval section of the award letter.
Is the subrecipient submitting any prescription forms this quarter?	This is only applicable to defensible space and hazardous fuels reduction construction projects. Individual addresses should be complete before submitting prescription form.

Non-Disaster Mitigation Quarterly Report Form

FEMA Quarterly Reporting Deadline: Q1 Due January FYXX (October – December 20XX) Q2 Due April FYXX (January – March 20XX) Q3 Due July FYXX (April – June 20XX) Q4 Due October FYXX (July – September 20XX)	Fiscal Year: Quarter:
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Subrecipient And Grant Information

Subrecipient Name:

Grant: EMS

Subgrant:

Grant Type: **Project** **Plan**

Award Date:

Project Name:

Project Location:

Project and Scope of Work Information

Is the subrecipient adhering to approved scope of work? Yes No

Is an amendment to the approved scope of work needed? Yes No

Is the project proceeding on schedule?

Is a Period of Performance extension needed? Yes No

Percent of project complete?

Cost Over/Under/On Budget:

Estimated Completion date:

*** This needs to reflect the percentage completed to date and must increase every quarter by at least 4%***

Has the subrecipient reviewed and adhered to all EHP Conditions? Yes No N/A

Are you submitting any prescription forms this quarter? Yes No N/A

**Only for defensible space and hazardous fuels reduction construction projects. Individual addresses should be complete before submitting prescription forms.*

If yes, how many are being submitted this quarter?

Comments

Comments should include project status, work completed, barriers encountered and any scope of work changes. Comments and supporting documentation should only be for the current reporting quarter. Put additional comments on next page.

Comments:

Request for Reimbursement

Is there a request for reimbursement this quarter? Yes No N/A

An incomplete request for reimbursement will delay payment.

Please refer to attachments for RFR Documentation Support 

Signature: _____ **Date:** _____

Print Name: _____

Address: _____

UEI Number: _____

Phone: _____

Email: _____

Additional Comments: