

PRE-DISASTER MITIGATION – FY__ PDM Competitive Grant Program

SUBRECIPIENT QUARTERLY PROGRESS REPORT FORM

Quarter Ending: _____

Subgrantee Name: _____

Grant: EMS- _____, Sub-Grant Application Reference: _____

Project Name: _____

Project Location: _____

Grant Type: ☐ Planning (Plan FEMA Approved? Y/N): ____ ☐ Project

WORK SCHEDULE:

Project is Proceeding on Schedule

☐ Yes ☐ No

% of Project Completed: _____

Start Date: _____

Estimate Completion Date: _____

COST STATUS:

☐ Cost Unchanged

☐ Cost Over-Estimate \$ _____

☐ Cost Under-Estimate \$ _____

***If requesting Reimbursement this quarter, then:**

REQUIRED DOCUMENTS:

☐ Request for Reimbursement

☐ Updated SF-424

(Budget Worksheet)

Comments – **Attach additional pages if necessary:**

(Describe problems or circumstances affecting completion dates, milestones, scope of work, and cost. Also describe achievements, successes, progress, and special issues.)

SIGNED BY: _____ DATE: _____

PRINT SIGNATURE: _____

ADDRESS: _____

DUNS Number: _____

PHONE: _____

Email: _____