

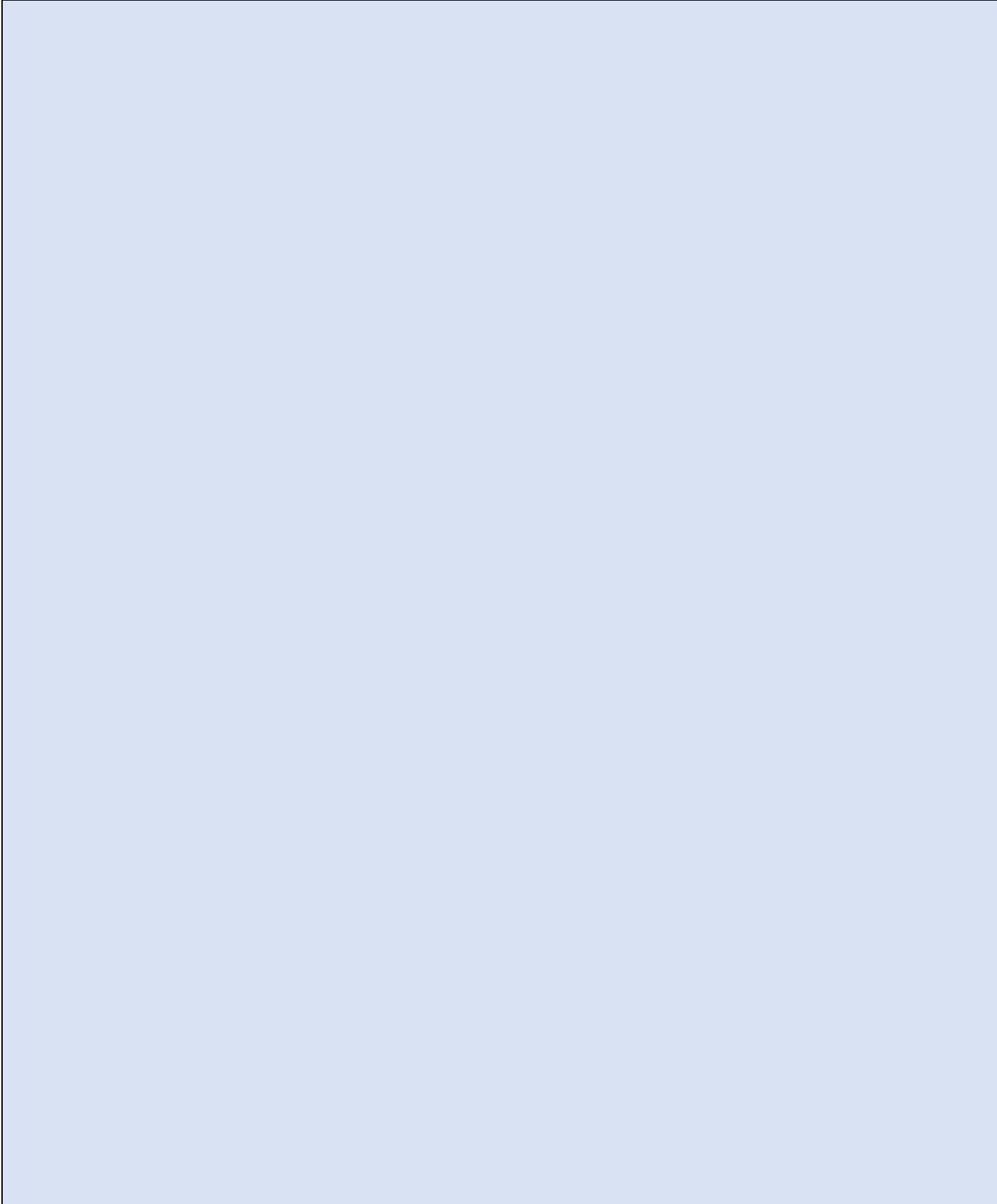


HAZARD MITIGATION ASSISTANCE QUARTERLY PROGRESS REPORT

AUTHORITY: 1976 PA 390; **COMPLIANCE:** VOLUNTARY

DO NOT IMPLEMENT ANY CHANGES TO THE APPROVED SCOPE OF WORK WITHOUT FIRST CONSULTING MSP/EMHSD

QUARTER:			
<input type="checkbox"/> 1 st (October to December)	<input type="checkbox"/> 2 nd (January to March)	<input type="checkbox"/> 3 rd (April to June)	<input type="checkbox"/> 4 th (July to September)
SUBRECIPIENT INFORMATION:			
Date:	Declaration Number: FEMA DR-MI	Project Number:	
Name:		Title:	
Organization/Agency:		Street Address/P.O. Box	
City:		State:	Zip Code:
Phone Number: EXT:		Fax Number:	
PROJECT INFORMATION:			
Project Title:		Period of Performance (POP) End Date:	
Total Project Estimated Cost:	FEMA Approved Federal Share:	Estimated Local Match Requirement:	
Total Expenditures to Date: (Submitted & Verified)	Total Expenditures to Date: (Including Unsubmitted Costs)	Local Match Expended to Date: (Including Unsubmitted Costs)	
Anticipated Cost Overrun: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Indicate Amount:	Anticipated Cost Underrun: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Indicate Amount:
Status (Check the Appropriate Box): <input type="checkbox"/> a. Project on Schedule <input type="checkbox"/> b. Project Suspended <input type="checkbox"/> c. Project Delayed <input type="checkbox"/> d. Project Cancelled <input type="checkbox"/> e. Project Completed ** NOTE: If b, c, or d is checked, provide an explanation below. **			
Date Project Started: (Grant Work)	Anticipated Completion Date:		Percent of Project Complete:
Progress Summary:			
What Work Remains to be Completed:			
Problems Encountered During the Quarter:			
Additional Comments / Assistance Needed:			



**** NOTE: If available, submit “in-progress” photographs of the project for the project file. ****