**PUBLIC ASSISTANCE GRANT PROGRAM PROJECT QUARTERLY PROGRESS REPORT**

**AUTHORITY:** MCL 30.407a; **COMPLIANCE:** Voluntary; however, failure to complete may result in jeopardized or deobligated federal funding for applicable projects.

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| **I. General Information** | | | | | | | | | | | |
| The Public Assistance Grant Program Project Quarterly Progress Reports are due by the 15th day of April, July, October, and January for the preceding quarter while an applicant has an outstanding large project. | | | | | | | | | | | |
| **II. Applicant’s Information** | | | | | | | | | | | |
| Applicant’s/Jurisdiction Name | | | Federal Disaster Number  FEMA-    -DR-MI | Public Assistance ID Number | | | Date Submitted | Fiscal Year (FY) | | Quarter  Choose an item. | |
| Applicant Point of Contact’s Name | | | Title | Email Address | | | | | Phone Number     -   -     EXT. | | |
| **III. Project Information** | | | | | | | | | | | |
| **Project Number** | **Category** | **Project Title/Location** | | | **Total Funding Approved** | **Total Project Costs to Date** | | **Percent of Work Complete to Date** | | | **Estimated Date of Completion** |
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| **IV. Certification** | | | | | | | | | | | |
| By checking this box, the applicant certifies the above information is true and accurate to the best of their knowledge. | | | | | | | | | | | |