

Attachment F

**DIVISION OF EMERGENCY MANAGEMENT
HAZARD MITIGATION GRANT PROGRAM**

QUARTERLY REPORT FORM

RECIPIENT: Mona Enterprise, Incorporated Project Number # 1545-EX -R
PROJECT LOCATION: Wind Retrofit DCA ID #: 07HM-4@-09-21-08-001
DISASTER NUMBER: 1545 -DR-FL QUARTER ENDING: March 31, 2007

Provide amount of advance funds disbursed for period (if applicable) \$150,000.00¹

Provide reimbursement projections for this project:²

July-Sep, 200 \$ Oct-Dec, 200 \$ Jan-Mar, 2007 \$ 0.00 Apr-June, 2007 \$85,877.00
July-Sep, 2007 \$90,000.00 Oct-Dec, 2007 \$150,000.00 Jan-Mar, 2008 \$175,000.00 Apr-June, 2008 \$225.00.00

Percentage of Work Completed (may be confirmed by state inspectors): _____%³

Project Proceeding on Schedule: Yes No⁴

Describe milestones achieved during this quarter:

(Milestones achieved would be any work completed during the quarter that will justify the project progressing on schedule)

Provide a schedule for the remainder of work to project completion:

(If the project is progressing on schedule, then the schedule listed here should be the same as the schedule in the Scope of Work of the contract)

Describe problems or circumstances affecting completion date, milestones, scope of work, and cost:

(This should include anything hindering the project from moving forward)

Cost Status: Cost Unchanged Under Budget Over Budget⁵

Additional Comments/Elaboration:

(Any additional comments regarding the project or anything that you would like to elaborate on regarding the information given above should be noted here)

NOTE: Division of Emergency Management (DEM) staff may perform interim inspections and/or audits at any time. Events may occur between quarterly reports, which have significant impact upon your project(s), such as anticipated overruns, changes in scope of work, etc. Please contact DEM as soon as these conditions become known, otherwise you may be found non-compliant with your subgrant award.

Name and Phone Number of Person Completing This Form _____

¹If the recipient has requested an advance and the funds have been received, then this amount should be provided on this line.

² This amount should include the current quarter reimbursement total and any payments expected to be requested for the upcoming quarters. This information will assist DEM in providing the Legislature with necessary budget information to ensure project funding. This figures are extremely important, therefore be as accurate as possible

³ The percentage of work complete is the work to be complete divided by the time frame in which the project is to be completed.

⁴ This information will let the State know whether the project is progressing, as it should or not

⁵ Please check whether the project is being completed with the cost unchanged, less than what was budgeted or more than what was budgeted