**FLORIDA DIVISION OF EMERGENCY MANAGEMENT**  
**RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM**  
**QUARTERLY REPORT FORM**

**RECIPIENT:** ___________________________  
**Project Number #** ________________

**PROJECT LOCATION:** ___________________________  
**DEM ID #:** ___________________________

**QUARTER ENDING:**

Provide amount of advance funds disbursed for period (if applicable) $_________________

Provide reimbursement projections for this project:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>July-Sep, 200</td>
<td>$_____</td>
</tr>
<tr>
<td>Oct-Dec, 200</td>
<td>$_____</td>
</tr>
<tr>
<td>Jan-Mar, 200</td>
<td>$_____</td>
</tr>
<tr>
<td>Apr-June, 200</td>
<td>$_____</td>
</tr>
</tbody>
</table>

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

Project Proceeding on Schedule: [ ] Yes  [ ] No

Describe milestones achieved during this quarter:

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

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

Cost Status: [ ] Cost Unchanged  [ ] Under Budget  [ ] Over Budget

Additional Comments/Elaboration:

**NOTE:** The Florida Division of Emergency Management (FDEM) staff may perform interim inspections and/or audits at any time. Events may occur between quarterly reports that have significant impact upon your project(s), such as anticipated overruns, changes in scope of work, etc. Please contact FDEM 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 ____________________________