Public Assistance Quarterly Report

Subgrantee: ___________________________ FIPS: _______________________ Disastern# FEMA- _______ -DR-FL

Representative: ___________________________ Phone: (___) _________ State Grant Manager: ___________________________


<table>
<thead>
<tr>
<th>Project Worksheet Number &amp; Version(s)</th>
<th>Category</th>
<th>Anticipated Completion Date</th>
<th>Percent Complete¹</th>
<th>Status/Remarks²</th>
<th>For Large Projects, provide future Quarterly Requests for Reimbursement³ ⁴</th>
</tr>
</thead>
</table>

¹ Reflects work completed on the physical project. Information required for FEMA Quarterly Reporting by the Grantee.
² Quarterly Requests for Reimbursement estimates form the basis of legislative requests for state matching funds and federal pass through authority. Failure to accurately project quarterly needs may affect the availability of funds in a quarter.
³ If quarterly projections for a Project Worksheet changed from the previous quarterly reporting period, please indicate the reason(s) for the/these change(s) in the Status/Remarks column.
⁴ Projections must be provided four quarters ahead.