



Hazard Mitigation Program Subrecipient Quarterly Report

Page ____ of ____

Award/Disaster #	Cal OES #	FEMA #	FIPS #	Months Covered	Report #
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Project Name: _____ Subrecipient Name: _____

Subrecipient Telephone #: _____ Percent (%) of Work Completed: _____ Project Completion Date: _____

Estimated Draw Down for Next Quarter: _____ Budget Status: **Unchanged** Cost Under run (Explain below)
Cost Overrun (Explain below)

Is the Work Proceeding on Schedule? **Ahead of Schedule (Explain Below)** **Behind Schedule (Explain Below)** **On Schedule**

Comments and Explanations:

Name Authorized Signature Date

Mailing Address: _____ City: _____ State: _____ Zip: _____



Hazard Mitigation Program

Subrecipient Quarterly Report *(Cont.)*

List all milestones from the work schedule including those planned and completed. Describe problems or circumstances affecting completion dates, scope of work, cost, and impacts on any other milestones. Also describe achievements, successes, progress, and special issues.

Milestone #	Projected Start Date	Projected Completion Date	Status of Project:	
_____	_____	_____	Ahead of Schedule	Suspended
			On Schedule	Milestone Completed
			Behind Schedule	Withdrawn

Comments:

Milestone #	Projected Start Date	Projected Completion Date	Status of Project:	
_____	_____	_____	Ahead of Schedule	Suspended
			On Schedule	Milestone Completed
			Behind Schedule	Withdrawn

Comments:

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