



Hazard Mitigation Program Subrecipient Quarterly Report

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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			Behind Schedule	Withdrawn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			Behind Schedule	Withdrawn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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Comments:



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Comments: