

Project Disaster
or PDM # _____

Quarterly Report

FY _____

Quarter # _____

Sub-recipient / Jurisdiction Name:: _____

1. Do you require a Scope Change and/or an Amendment?

Yes

No

2. Do you require a Period of Performance (POP) Extension?

Yes

No

3. Current Percentage Complete: _____ %

The percentage of actual work that has been completed at the end of the reporting period (not a % of funds expended).

4. Total Funds Expended to Date: _____

\$ _____
The Federal and local amount that has been spent on the project to date.

5. Anticipated Final Amount: _____

\$ _____
The estimated cost of project at completion (this may even exceed the obligation amount).

6. Anticipated Completion Date: _____

The date you expect the work to be completed.

7. Work Status: Select One

On Schedule

Delayed

Completed

Suspended

Cancelled

Closed

Other (Please Specify):

8. Cost Status: Select One:

Cost Unchanged

Cost Overrun

Cost Underrun

Other (Please Specify):

Required

What progress was made this quarter?

Next quarter goals: