



## ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT QUARTERLY PROJECT PROGRESS REPORT

Applicant Name:

Disaster #:

### PROJECT COMPLETION INFORMATION

PW#	% of Work Complete to Date	Estimated Date of Completion	Time Extension Needed? Yes or No	Total Amount Expended (cost to date)	Cost Overrun? Yes or No (If yes, why?)
	%			\$	
	%			\$	
	%			\$	
	%			\$	
	%			\$	
	%			\$	
	%			\$	
	%			\$	

Additional Comments:

---



---



---



---

### CERTIFICATION

I do hereby certify for the applicant that the above information is true

Signature of Applicant's Agent

Date

**Arkansas Department of Emergency Management**

**GUIDELINES FOR FILLING OUT QUARTERLY PROJECT PROGRESS REPORTS**

**The purpose of Quarterly Reports is to inform the State and FEMA on the status and progress of open large projects from recent disasters. Noncompliance may jeopardize any Federal and/or State related funding.**

1. **PW#-** The number assigned to the project by FEMA.
2. **% of work complete to date-** List the percentage of work you have completed to date on the project.
3. **Estimated Date of Completion-** The estimated date you expect to complete your project.
4. **Time Extension Needed?** Do you need additional time beyond your allowed completion date to finish the project? If so, you must submit a formal request to our office. (Categories A-B are allowed 6 months after the date of declaration to complete projects. Categories C-G are allowed 18 months after the date of declaration to complete projects.
5. **Total Amount Expended (cost to date)-** The actual amount to date that you have spent on the project.
6. **Cost Overrun?** Did your actual costs during the performance of the work exceed the approved estimate? And if so, why?
7. **Additional Comments-** Reasons for delays, etc.

- **Quarterly reports are due by the 15<sup>th</sup> day of January, April, July, and October. Noncompliance may jeopardize any Federal and/or State related funding.**
- **Please mail your completed quarterly report to our office at:**

**Arkansas Department of Emergency Management  
Attn: Recovery Branch  
Building 9501, Camp Joseph T. Robinson  
North Little Rock, AR 72199**

- **If all work is complete and you have submitted your documentation to ADEM for review, please note *Work Complete, Documentation Submitted to ADEM* in the comments section.**
- **If a time extension is needed on a project, please submit a formal request by mail to our office. Please include reason for extension, extenuating circumstances, and anticipated completion date.**

**Please contact the Recovery Branch staff at [recoverybranch@adem.arkansas.gov](mailto:recoverybranch@adem.arkansas.gov) or 501-683-6700 with any questions.**