# Quarterly Financial Status Report

Sub-grantee: _____ Disaster Number: _____

Point of Contact

Name: _____ Address: _____

Title: _____ _____

Telephone: _____ _____

This report covers the period from _____ to _____

Project start date: _____

Anticipated project completion date: _____

Total FEMA funds obligated: _____

Total Grantee funds obligated: _____

Total Sub-grantee funds obligated: _____

Total funds obligated: _____

| | Previous Periods | Current Period | Cumulative to Date |
|---|---|---|---|
| FEMA funds expended | | | |
| Grantee funds expended | | | |
| Sub-grantee funds expended | | | |
| Total funds expended | | | |

Anticipated cost overrun or underrun: _____

Problems encountered:

| Please check one: | Please check one: |
|---|---|
| ☐ Project on schedule | ☐ Costs unchanged |
| ☐ Project delayed | ☐ Cost overrun |
| ☐ Project completed | ☐ Cost underrun |
| ☐ Project suspended | |
| ☐ Project cancelled | |

_____ _____

*Authorized Agent* *Date*