

**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. Noncompliance may jeopardize any Federal and/or State related funding.

1. **PW#** - The number assigned to the project by FEMA.
2. **Percent of work completed (to date)** - List the percentage of work you have completed to date on the project.
3. **Approved Completion Date** – Permanent work is 18 months after the county was declared a disaster area by FEMA; Emergency work is 6 months after the county was declared a disaster area by FEMA; or the date of extension deadline. See <http://www.adem.arkansas.gov/ADEM/Divisions/DM/Recovery/forms.aspx> for information if you do not know your deadline.
4. **Estimated Date of Completion** - The estimated date you expect your project to be complete.
5. **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.
6. **Actual Work Completion Date** – The actual day the project is completed, or the date all outstanding invoice or contract balances were paid off, whichever comes last.
8. **Total Approved PW Amount** – The total approved dollar amount of the PW.
7. **Total Amount Expended (cost to date)** - The actual amount to date that you have spent on the project.
8. **Cost Overrun?** Did your actual costs during the performance of the work exceed the approved estimate? And if so, why?
9. **Comments** – Comments that apply to the specific project listed in the row above.

Project Completion Information								
PW#	% of Work Completed (to date)	Approved Completion Date	Est. Date of Completion	Time Extension Needed? Yes or No	Actual Work Completion Date	Total Approved PW Amount	Total Amount Expended (cost to date)	Cost Overrun? Yes or No (If yes, why?)
1145	26%	11/11/11	2/11/12	Yes	Ongoing	\$100,000.00	\$83,000.00	At this time, No.
<b>Comments:</b> Our current extension will expire on November 11, 2011. Due to record rainfall, we have not been able to work much. A formal extension letter will be mailed soon.								

[Please See Example Below](#)

•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.

**ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT  
QUARTERLY PROJECT PROGRESS REPORT**

**Applicant Name:**

**Disaster #:**

**Project Completion Information**

<b>PW#</b>	<b>% of Work Completed (to date)</b>	<b>Approved Completion Date</b>	<b>Est. Date of Completion</b>	<b>Time Extension Needed? Yes or No</b>	<b>Actual Work Completed Date</b>	<b>Total Approved PW Amount</b>	<b>Total Amount Expended (cost to date)</b>	<b>Cost Overrun? Yes or No (If yes, why?)</b>
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<b>Comments:</b>								

<b>Comments:</b>								

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<b>Comments:</b>								

<b>Comments:</b>								

<b>Comments:</b>								

*I do hereby certify for the applicant that the above information is true and accurate.*

\_\_\_\_\_  
Signature of Applicant's Agent

\_\_\_\_\_  
Date

**Note: Quarterly reports are due by the 1st day of January, April, July, and October. Noncompliance may jeopardize Federal and/or State related funding.**