

**FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF EMERGENCY MANAGEMENT  
SUBGRANTEE QUARTERLY REPORT FORM  
ATTACHMENT E**

Subgrantee: \_\_\_\_\_ FIPS: \_\_\_\_\_ Disaster No. FEMA- \_\_\_\_\_ -DR-FL

Representative: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ State Grants Manager: \_\_\_\_\_

Quarterly Report Period: \_\_\_\_ Jan-Mar \_\_\_\_ Apr-Jun \_\_\_\_ Jul-Sep \_\_\_\_ Oct-Dec Date Submitted: \_\_\_\_\_

Project Worksheet Number & Version(s)	Category	Anticipated Completion Date	Percent Complete <sup>a</sup>	Status/Remarks <sup>b</sup>

<sup>a</sup> Reflects work completed on the physical project. Information is required for FEMA Quarterly Reporting by the Grantee.

<sup>b</sup> Utilize this to report potential delays, over/underruns, etc.