



Department of Public Safety
 Division of Homeland Security and Emergency Management
 Public Assistance Program

LARGE PROJECT(S) QUARTERLY STATUS SUMMARY

Applicant: _____ Disaster #: _____

PA ID: _____ County: _____

Name: _____ Email: _____ Phone Number: _____

Report by Quarter (Number of Months Since Declaration):

3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months	27 Months	30 Months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PW#	Status of Completion	% Complete	Estimated Expense	Actual Expense to Date	Anticipated Completion Date	Issues/Challenges with this Project Needed Assistance



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