NEW YORK STATE | Homeland Security and Emergency Services

RETURN THIS COMPLETED FORM TO:
Alternate Govenor's Authorized Representative
Attn: Public Assistance Chief
NYS Division of Homeland Security and Emergency Services
1220 Washington Ave
Building 22, Suite 101
Albany, NY 12226
Telephone: (518) 292-2293 Fax: (518) 322-4984

QUARTERLY REPORT

A) FEMA Disaster # Click here to enter text. **P.A. I.D. #** Click here to enter text. **Applicant Name:** Click here to enter text.

B) PW #	C) Actions Required *See Instructions	D) Expenditures to Date / E) Estimated Final Cost	F) Time Ext	G) Projected Completion Date	H) % of Work Complete	I) Comments
Click here to enter text.	☐Time Extension ☐Scope of Work change ☐Other (See comments)	$ Click here to enter text. $ Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	☐Time Extension ☐Scope of Work change ☐Other (See comments)	$ Click here to enter text. $ Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	☐Time Extension ☐Scope of Work change ☐Other (See comments)	$ Click here to enter text. $ Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

J) Official Point of Contact: Check Box if there is a point of contact change ☐

Name	Mailing Address	Email	Phone	Fax	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.