



# Homeland Security and Emergency Services

## DISASTER RECOVERY

**SEND TO: Public Assistance Officer**  
 NYS Division of Homeland Security & Emergency Services  
 Building 7a, 4th Floor  
 1220 Washington Avenue  
 Albany, New York 12242  
 Phone # (518) 292-2293 Fax # (518) 322-4984

### QUARTERLY PROGRESS REPORT

**A) FEMA \_\_\_\_\_ DR – NY**

P.A. I.D. # \_\_\_\_\_

FROM: \_\_\_\_\_

Check Box if there is a Point of Contact change

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### B) PROJECT ACTION NOTIFICATIONS

*(please check all that apply)*

- Time Extension needed?       Change in Design?
- Work done by Contract?       Bids in Progress/Accepted?
- Work done by Force Account?       Change in Scope of work?
- Work under construction per approved Scope of Work?

C)	D)	E)	F)	G)	H)	I)	J)
Project Worksheet (PW #)	Project Status	% of Work Complete	Estimated Final Cost	Amount Spent to Date	Estimated Date of Completion	Approved Time Extension	Comments <i>(Any further information explaining the status of project)</i>
	<input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction						
	<input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction						
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	<input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction						

Local Representative (Please Print Name)	E-mail address	Phone	Fax #	Date
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