NEW YORK STATE | Homeland Security and Emergency Services

QUARTERLY REPORT

RETURN THIS COMPLETED FORM TO:
Alternate Governor's Authorized Representative
Attn: Public Assistance Chief
NYS Division of Homeland Security and Emergency Services
1220 Washington Ave
Building 7A –4h Floor
Albany, NY 12242
Telephone: (518) 292-2241 Fax: (518) 322-4984

FEMA Disaster # **P.A. I.D. #** **Applicant Name:**

PW #	A) Actions Required *See Instructions	B) Expenditures to Date / C) Estimated Final Cost	D) FEMA Approved Period of Performance End Date	E) Projected Completion Date	F) Physical Work Completed	G) Work Completed	H) Work in Progress	I) Work to be Started	J) Obstacles & Solutions	K) Comments
	☐Time Extension ☐Scope of Work change ☐Other (See comments)	$ $								
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	☐Time Extension ☐Scope of Work change ☐Other (See comments)	$ $								

L) Primary Point of Contact: Check box ☐ if the person listed below is the new Primary Point of Contact for your organization.

Name	Mailing Address	Email	Phone	Fax	Date

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