



# Homeland Security and Emergency Services

**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 -4<sup>h</sup> Floor  
 Albany, NY 12242  
 Telephone: (518) 292-2241 Fax: (518) 322-4984

## QUARTERLY REPORT

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

PW #	A) Actions Required *See Instructions	B) Expenditures to Date	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
		C) Estimated Final Cost								
	<input type="checkbox"/> Time Extension <input type="checkbox"/> Scope of Work change <input type="checkbox"/> Other (See comments)	\$ \$								
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	<input type="checkbox"/> Time Extension <input type="checkbox"/> Scope of Work change <input type="checkbox"/> 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