**STATE OF WISCONSIN**

 **DEPARTMENT OF MILITARY AFFAIRS**

 **DIVISION OF EMERGENCY MANAGEMENT**

 2400 Wright Street, P.O. Box 7865

 Madison, WI 53707-7865

 **QUARTERLY STATUS REPORT**

**Contact and Program Information**

|  |  |
| --- | --- |
| Name (Last, First) |  |
| Title |  |
| Subgrantee |  |
| Phone Number |  |
| E-mail |  |
| County |  |
| Project Number |  |
| Disaster # (HMGP) | FEMA- -DR-WI |
| Federal Fiscal Year (PDM & FMA) |  |
| Quarterly Report Date | Jan 15th**\_\_\_** April 15th**\_\_\_** July 15th**\_\_\_** Oct 15th**\_\_\_** Year **\_\_\_\_\_\_** |
| Quarterly Report Submittal Date |  |

|  |  |
| --- | --- |
| Funding Program | [ ]  Flood Mitigation Assistance (FMA) |
|  | [ ]  Pre-Disaster Mitigation Competitive Project Grant (PDM) |
|  | [ ]  Section 404 Hazard Mitigation Grant Program (HMGP) |
|  |  |
| Type of Project | [ ]  Acquisition/Floodproofing |
|  | [ ]  Planning |
|  | [ ]  Other (specify)…. |
|  |  |
| Date Grant was Approved |  |
| Start Date of Project/Plan |  |
| Is the Project/Plan on Schedule? (yes / no) (Circle One)*If no, provide an explanation why and a new estimated completion date below.* |  |
| Estimated Project/Plan Completion Date |  |
| Amount of Approved Grant (100%) |  |
| Approximate Amount Spent to Date (100%) |  |
| Anticipated (Overrun / Underrun) (Circle One) |  |

**ACQUISITION**

|  |  |
| --- | --- |
| 1. Number of properties to be acquired:
 |  |
| 1. Number of appraisals completed to date:
 |  |
| 1. Number of appraisals completed this quarter:
 |  |
| 1. Value of appraisals to date:
 |  |
| 1. Number of offers accepted to date:
 |  |
| 1. Number of offers accepted this quarter:
 |  |
| 1. Number of properties acquired to date:
 |  |
| 1. Number of properties acquired this quarter:
 |  |
| 1. List the address of all properties acquired this quarter and the date acquired.
 |  |
| 1. Estimated properties to be acquired in the next quarter:
 |  |
| 1. Approximate acquisition costs to date: (Include title insurance, legal fees, taxes, etc.)
 |  |
| 1. Approximate relocation benefits to date:
 |  |
| 1. Number of structures demolished to date:
 |  |
| 1. Number of structures demolished this quarter:
 |  |
| 1. Estimated structures to be demolished in the next quarter:
 |  |
| 1. Total acquisition costs to date:
 |  |
| 1. Federal, state, or local permits required this quarter:
 | Yes\_\_\_Number\_\_\_\_None\_\_\_(Attach copies of permits obtained this quarter.) |

**FLOODPROOFING**

|  |  |
| --- | --- |
| 1. Number of structures to be floodproofed:
 |  |
| 1. Number of structures floodproofed to date:
 |  |
| 1. Number of structures floodproofed this quarter:
 |  |
| 1. Approximate cost of floodproofing to date:
 |  |
| 1. Approximate relocation benefits to date:
 |  |
| 1. Estimated # structures to be floodproofed next quarter:
 |  |
| 1. Estimated floodproofing costs for next quarter:
 |  |
| 1. Federal, state, or local permits required this quarter:
 | Yes \_\_\_ Number \_\_\_\_ None \_\_\_*Attach copies of permits obtained this quarter.* |

**ADDITIONAL QUESTIONS OR COMMENTS**

1. Other costs incurred to date:

|  |  |
| --- | --- |
| Item | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Narrative summary of progress on project or plan: (attach additional sheets if necessary)
2. Percentage of work completed:
3. Problems encountered and assistance needed:
4. Other information pertinent to the overall project or plan:

**SIGNATURES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBRECIPIENT'S AUTHORIZED REPRESENTATIVE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE HAZARD MITIGATION OFFICER DATE**