**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**