##### VEM MITIGATION PROGRAM QUARTERLY REPORT

Contact Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_ \_\_\_\_\_\_\_

Project Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Applicant Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_ \_to: \_\_ \_\_

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| --- | --- | --- | --- | --- | --- |
| Project # | Brief Project Scope | Status Code1 | Approved Completion Date | Actual Completion Date | Cost Code2 |
|  |  |  |  |  |  |
| Tasks/Accomplishments From Work Schedule  If more room is needed please attach another sheet to this document | | Task Start Date | Task Duration  (In Months) | Estimated Task End Date | Percent Complete |
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|  | | Total Percentage of Project Complete | | |  |

Please describe significant activities and developments that have occurred during this quarter.

Do you anticipate completion of work within the performance period?  Yes  No

If not, please describe any problems, delays or adverse conditions that will impair the ability to meet the stated objectives in the application.

Do you anticipate:

Cost underrun/overrun?  Yes  No

Request for change in Scope?  Yes  No

Request for extension of performance period?  Yes  No

If you answer yes to any of the above, please provide comments in the section below.

This form will also be used to evaluate any requests for change in scope, or performance period extension.

Instructions for VEM Mitigation Program Quarterly Report

**First Page**

Top Section:

* Contact Name
* Contact e-mail
* Project Name
* City/Town
* Period covered by this report, ex. January 1, 2012 to March 30, 2012

Table:

* Project Number: FEMA Project Number, see award letter (e.g. VT-4022-14-R)
* Summary of Overall Scope: ex: Upgrade 18” stormwater pipe to 24” pipe
* Status Code: 1 - 5, explanation of codes at bottom of page
* Approved completion date: Period of Performance end date
* Actual Completion date: Leave blank
* Cost Code: 1 - 3, explanation of codes at bottom of page.
* Tacks/ Accomplishments: List all timeline items from approved Work Schedule included in executed state contract package. All tasks must be on every report.
* Task start date: Date work began on this task
* Task Duration: Length of time in months to do work
* Estimated task end date: Approximate date of this task being completed
* Percent Complete: As of this reporting period, how much of task is completed, should be cumulative

**Second Page**

Brief synopsis of work completed this quarter.

If you anticipate a delay in the work performance period, please describe.

If yes, please describe circumstances

If yes, please describe circumstances

If yes, please describe circumstances