**Quarterly Progress Report**

Washington State

Hazard Mitigation Assistance Programs

**Planning Grant**

**Reporting Period: Jan-Mar Apr-Jun** **Jul-Sep** **Oct-Dec Year:** Enter text

**Jurisdiction**: Enter text

**Plan Tile**: Enter text

**Progress Report Prepared by**: Enter text

**Phone:** Enter text

**E-mail Address**:

**Contract Number:** Enter text **FEMA Award Number:** **Grant Program:** Select

1. **Estimated Completion Date:** MM/DD/YYYY **2. Funds Expended to Date: $** Enter text

**3.** **Do you anticipate a plan cost overrun or underrun?** No ***If yes, please explain in your summary below.***

**4. Please provide a summary of progress on your planning initiative for the quarter.  
 Include information on activities conducted, milestones reached, and any problems  
 or issues encountered; a report of “on schedule” or “progressing satisfactorily” is   
 insufficient.**

Enter text

**5. Please indicate on the following chart the percent complete and the estimated completion dates for these activities at the time of this report.**

|  |  |  |
| --- | --- | --- |
| **Actions** | **Percent Completed** | **Estimated Completion Date** |
| Conduct Hazard Inventory & Vulnerability Assessment | 0 |  |
| Summary of Comprehensive Plans | 0 |  |
| Review of Possible Mitigation Actions | 0 |  |
| Completion of "Planning" Public Meetings | 0 |  |
| Overall Project Percent Completion |  |  |

**6. Plan Submitted for State and FEMA review?** Select **Date:** MM/DD/YYYY

**7. Plan Approved by Governing Body?** Select **Date:** MM/DD/YYYY

**For State Use Only**

**Coordinator Comments:**

Enter text