

Washington Military Department
Emergency Management Division

GRANT PROGRESS REPORT
RESPONSE FUNDS
SFY 24-25 EXTREME WEATHER RESPONSE GRANT

INSTRUCTIONS: Complete this form for each shelter location. Write N/A if field is not applicable. A Grant Progress Report is required for every reimbursement request submission.

Shelter Name: _____

Location: _____

Contact Name and Title: _____

Contact Information: _____

Section 1: Shelter Operations

1. **Shelter operational start and end period:** _____ to _____
2. **Total Number of Individuals Sheltered:** _____
3. **Types of Services Provided:**
 - Heating/Cooling
 - Food and Water
 - Medical Care
 - Sanitation/Hygiene Supplies
 - Pet Care
 - Transportation
 - Other (Please specify): _____

Section 2: Vulnerable Populations Served during the shelter period

1. **Number of Individuals with Disabilities:** _____
2. **Number of Elderly Individuals (Over 65):** _____
3. **Number of Children (Under 18):** _____
4. **Number of Individuals with Low Income:** _____
5. **Number of Individuals with Limited English Proficiency:** _____
6. **Number of Homeless Individuals:** _____
7. **Number of Pet Owners and Pets Sheltered:** _____
8. **Other vulnerable population profiles served:** _____

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Section 3: Impacts

- 1. Describe how the grant funds were utilized:**
- 2. What improvements or differences did the grant funds make to your shelter operations?**
- 3. How did the grant funds help in serving vulnerable populations during the extreme weather event?**
- 4. Any challenges encountered during shelter operations? How were they addressed?**

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Section 4: Additional Comments and Feedback

Completed By:

Name:

Title:

Date: