Disaster Recovery Program Monthly Report

*Note: **ALL** fields are <u>required</u> and must be completed before submitting.*

Grantee - Project (Project ID)

Reporting Month

Report Contact Information

Contact Person

Contact Email

Contact Phone

Milestone Status

ERR

Plans/Specifications

Construction Notice to Proceed

Estimated Date of Construction Complete
use calendar or enter as mm/dd/yy

Status of Project Closeout

Project Status Notes   *(500 characters max)*

Before submitting, use **File --> Save As** from the menu toolbar to save a copy of this form for your records.

By submitting this form, you are attesting that the information provided is accurate to the best of your knowledge.