

**STATE OF OHIO
OHIO EMERGENCY MANAGEMENT AGENCY
QUARTERLY PERFORMANCE REPORT**

PERIOD COVERED BY THIS REPORT:

[Redacted] to [Redacted]

LOCAL CONTACT NAME:

[Redacted]

SUBGRANTEE:

[Redacted]

ADDRESS:

[Redacted]

TELEPHONE NUMBER:

[Redacted]

PROJECT TITLE:

[Redacted]

GRANT NAME & AGREEMENT NUMBER:

[Redacted]

PERIOD OF PERFORMANCE:

[Redacted] to [Redacted]

	FEMA FEDERAL	STATE	LOCAL	TOTAL
TOTAL FUNDS AWARDED:				
TOTAL FUNDS EXPENDED TO DATE:				
TOTAL OUTSTANDING OBLIGATIONS:				
Grant Award Balance Remaining				

Performance Update: Percentage of Completion

[Redacted]

Project Status (Check One)	Description of significant activities this quarter, include comparison of actual accomplishments to the objectives identified in your application: If delayed, explain reason for delay
<input type="checkbox"/> On Schedule	
<input type="checkbox"/> Delayed	
<input type="checkbox"/> Cancelled	
<input type="checkbox"/> Completed	
<input type="checkbox"/> Suspended	

Milestones Based on Approved Project Application			Milestone Status
#	Description:	Anticipated Completion Date:	Completion Date:
1			
2			
3			
4			
5			
If more than five (5) milestones listed, attach additional sheet			

*** If milestones are not met, need to explain why and what action will be taken and if any additional assistance is needed to resolve the situation.**

Person Completing this Report:

[Redacted]

I, the undersigned, hereby certify that the above information is accurate and true, and in accordance with the approved scope of work and state and federal regulations and policies governing this grant.

Signature of Authorized Representative:

Date:
