When filling out the Large Project Report please refer to the descriptions below for guidance.

**Declaration:** The number assigned to the disaster you are reporting, (e.g. DR-4131)

**PA ID:** Please list your Project Application (PA) ID or FIPS ID. This number can be found on your Project Completion and Certification (P.4) form in the upper left side. The format for this number is: 123-45678-09.

**Sub-grantee:** Please list the name of the Applicant, (e.g. Anoka County or Union Township)

**Date:** The current date.

**PW #:** The Project Number that you are reporting on.

**Approved Amount:** The total amount FEMA has approved for that Project Worksheet.

**Amount Spent to Date:** The total amount of money that you have paid/spent on this project up to this date.

**Anticipated +Overruns and -Under runs:** The total amount of money that you have paid that exceeds the amount approved by FEMA or that is under (less than) the amount approved by FEMA.

**Estimated Date of Completion:** The date you anticipate to be completely done with this project.

**% Complete:** List the percentage of the work that has been completed up to this date.

**Status of Completion and Identification of Issues/Challenges:** This is the place to address the status of your project and any items that may cause a concern or loss of funding. What is the status of this project? Are you in the design phase? Are you in the construction phase? What is the current work being done? Do you anticipate needing a Time Extension? Do you anticipate having to divert from the Scope of Work as written, and asking for and Improved or Alternate Project? By clarifying any issues before the work is done, the state may be able to assist you to keep your funding while satisfying FEMA requirements. *If you do anticipate any issues, please attach supporting documentation.*

Once you have filled out this Large Project Quarterly Report, you have a choice of how to send it in:

MAIL your form to: Department of Public Safety
              Homeland Security and Emergency Management
ATTN: Public Assistance
445 Minnesota Street, Suite 223
St. Paul, MN 55101-6223

EMAIL your form to: Pamela.Ruble@state.mn.us

Thank you very much for your compliance by reporting!