Form 104
Quarterly Progress Report

Sub-recipient: _____ Date: _____/_____/_____
Address: _____
City: _____ State: RI Zip Code: _____
Phone Number: _____

Grant Award Number:

Reporting Period (check one):	Performance Period:	YEAR	Report Date Due:
____ 1st Quarter	Jan. 1st – Mar. 31st	_____	April 15th
____ 2nd Quarter	April 1st – June 30th	_____	July 15th
____ 3rd Quarter	July 1st – Sept. 30th	_____	Oct. 15th
____ 4th Quarter	Oct. 1st – Dec. 31st	_____	Jan. 15th
____ Final Report	All funds authorized spent and project completed.		

Provide a narrative outlining the project's progress, accomplishments and any delays (additional pages or attachments on sub-recipient letterhead) that were provided in your Detailed Budget Worksheet (POETE):

_____ _____/_____/_____
Authorized Agent Signature Date

PLEASE SEND COMPLETED REPORTS TO:
Rhode Island Emergency Management Agency
645 New London Avenue
Cranston, RI 02920
Attn: Grants Department

Revised 12/2013