OMB Control Number: 1660-0017 Expiration Date:December 31 2019

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. §§ 5170 and 5172.

PRINCIPAL PURPOSE(S): This information being collected via Excel Spreadsheet is for the primary purpose of monitoring status of Grantees' disaster Public Assistance projects.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under the Freedom of Information Act and 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes information as necessary and authorized by routine uses published in DHS/FEMA-004 Grant Management Information Files System of Records, 74 Fed. Reg. 39705 (August 7, 2009) and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster services and/or assistance.

PAPERWORD REDUCTION ACT BURDEN DISCLOSURE NOTICE

Public reporting burden for this spreadsheet is estimated to average 100 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the spreadsheet. This collection of information is required to obtain or retain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number near the title of the electronic collection instrument, or for on-line applications, on the first screen viewed by the respondents. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.

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Region	State	Disaster Number	grantee Name	Applicant ID	Project #	Latest Version Number	Category	Project Title	Total	Share	Applicant Expenditures To Date	Total Grantee Drawdown	Funds	Made to	Approved Completion Date	Time Ext.	Completion Date	Comments		Excess funds Yes- No	Deobligation Amount	Final Report Y/N	FEMA Comments