



STATE OF ALASKA
Division of Homeland Security and Emergency Management
EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)
PROGRAM

FINANCIAL PROGRESS REPORT

The information provided will be used by the grantor agency to monitor grantee cash flow, grantee performance and project implementation to ensure proper use of Federal funds. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required. All reimbursement requests must be accompanied by supporting documentation such as copies of invoices, delivery receipts, timesheets, certified payroll reports, warrants, contracts, etc. EMPG awards are planning grants to reimburse for personal services, wages and benefits for a specified Emergency Manager and staff within your jurisdiction.

1. GRANTEE NAME AND ADDRESS <Jurisdiction> <Address> <City, State ZIP>		2. GRANT AGREEMENT NUMBER	3. REPORT NO.
		4. REPORTING PERIOD (Dates) From: _____ To: _____	
5. SHORT TITLE OF PROJECT: Use one form per program. Check appropriate box above.	6. GRANT AMOUNT \$ _____	7. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> SPECIAL REQUEST	
8.		PLANNING	
A) TOTAL GRANT AWARD AMOUNT			
B) PREVIOUSLY REPORTED EXPENDITURES			
C) TOTAL REIMBURSEMENT REQUESTED TO DATE			
D) TOTAL PAYMENTS RECEIVED TO DATE			
E) TOTAL EXPENDITURES THIS QUARTER			
F) REIMBURSEMENT REQUESTED THIS QUARTER			
G) LOCAL MATCH [E - F = G]			
H) GRANT AMOUNT REMAINING [A - (C + F) = H]			
I) TOTAL GRANT FUNDS ENCUMBERED THIS QUARTER			
J) GRANT BALANCE NOT REIMBURSED OR ENCUMBERED [H - I = J]			
9. SIGNATURE OF PROJECT MANAGER		10. NAME AND TITLE OF PROJECT MANAGER	
11. CERTIFICATION BY GRANTEE I certify the financial expenditures submitted for reimbursement with this report, including supporting documentation, are eligible and allowable expenditures consistent with the project goals and objectives and grant guidelines, have not been previously requested, and that payment is due.		12. DATE	
Signature of Chief Financial Officer			

INSTRUCTIONS FOR COMPLETION OF QUARTERLY FINANCIAL PROGRESS REPORTS

Grantees are required to submit Quarterly Financial Progress Reports and supporting documentation for expenditures in accord with the Annual Work Plan (Scope of Work) or Application Narrative. Progress reports compare actual expenditures to the project budget for the reporting period. Any significant cost deviations from the approved budget and subsequent impact on the project, etc. shall be reported in the Quarterly Narrative Progress Report. The Quarterly Narrative Progress Report must support the expenditures and financial activity in the Quarterly Financial Progress Report. The information on this form will be used by the Division of Homeland Security and Emergency Management (DHS&EM) to monitor grantee cash flow and encumbrances, grantee performance, project implementation, and compliance with OMB Circulars A-21, A-87, A-102, A-110, A-122, A-133, the "Common Rule..." , and 44 CFR, Part 13 to ensure proper use of federal funds. **Quarterly Financial Progress Reports are required whether or not expenditures are incurred.**

This form shall be used to report on the Emergency Management Performance Grant (EMPG) Program.

- Date Due.** Reports are due on a quarterly basis for the performance period of the grant as listed below. Refer to the Obligating Award Document regarding "Reimbursements" and "Penalties for Non-Compliance" regarding delinquent reports.

Number of Scheduled Reports Due	Performance Period Covered	Narrative and Financial Progress Report Due Dates
1	January 1 – March 31	April 20
2	April 1 – June 30	July 20
3	July 1 – September 30	October 20
4	October 1 – December 31	January 20
5 (Final)	January 1 – December 31	February 15

Invoices with progress reports will be submitted to DHS&EM by the due date as specified in the above schedule. Should the grant period be extended for any reason, a modified report schedule will accompany the award amendment.

- Submission.** Submit the report with original signatures to the address below. The report or supplemental signed documentation may be faxed or sent electronically for expediency, if promptly followed by the report with original signatures.

Alaska Division of Homeland Security and Emergency Management
Attention: State Administrative Agency Point of Contact
PO Box 5750
Fort Richardson, AK 99505-5750

General Telephones
Phone: (800) 478-2337
Phone: (907) 428-7000
FAX: (907) 428-7009

- Grant Administration and Project Management.** DHS&EM grant information and points of contacts are available on the website at www.ak-prepared.com/grants.htm.

- Form and Execution.** Grantees shall use this form as a face sheet. Include an expenditure summary page of the attached supporting documentation, which can be in the form of a Word document, a table, a spreadsheet, or a report generated by the jurisdiction's accounting software. The Quarterly Financial Progress Report shall be signed by the Project Manager and the Chief Financial Officer (CFO) designated on the Obligating Award Document, or any duly-authorized successor or a specific person delegated in writing by the CFO. Signatures of two separate individuals are required. Immediately advise DHS&EM of any changes to the signatory officials listed on the grant award. Personnel changes in signatory authority will require a grant award amendment.

5. Documentation of Personnel Costs and Local Match.

- Payroll reports signed and certified by the CFO that capture the employee name, position, coded allocation to the project, amount paid and certifies the accounting system maintains detailed records that support the project's time and effort expenditures, and for which the jurisdiction maintains an audit trail **OR**
- Timesheets with name/wage/hours and cost allocation identified and copies of the corresponding pay warrants **OR**
- Completion of the *Optional Financial Work Sheet for Identifying & Certifying Program Costs* Worksheet, included and available at www.ak-prepared.com/grants.htm may be submitted in lieu of the above documentation for reimbursement of personnel costs and documentation of match.
- If applicable, also submit: fringe benefit calculation (actual or formula/percentage of wages). For reimbursement of overtime and backfill, the wage rates of salary, straight time and overtime with certified payroll report. Copy of relevant section of the Collective Bargaining Agreement, (e.g., mileage, shift differential).

