Project Final Narrative Form

Division of Homeland Security & Emergency Management

This form is filled out when a project has been completed in full. A separate form must be submitted for each project. If you have any questions, please contact the Mitigation Section within the Division of Homeland Security and Emergency Management 907-428-7000. This form can be faxed to: Division of Homeland Security and Emergency Management, Attention State Hazard Mitigation Officer, at 907-428-7009.

Applicant Name: Project Coordinator / Representative:		Telephone Number:	
		Fax Number:	
Disaster Number:	HMGP Project Number:	Today's Date:	
Brief Description of Proje	ect/Scope of Work:		
Physical Location of Proje	ect•		
Thysical Location of Troj			
Voy Dates and activity no	rformed: (for example: date project was star	tod completed describe ectivity etc.)	
Key Dates and activity pe	Trormed. (for example, date project was star	ted, completed, describe activity, etc.)	
Total Funds awarded for project:		\$	
Total funds expended on this project:		\$	
Cost over-runs expended on this project:		\$	
Date this project was con			

Additional comments about the project: (Include any information about circumstances that could delay the estimated project completion date or an unexpected cost overrun).