

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
LOCAL PROGRAMS
PROJECT MONITORING STATUS REPORT

Program Management
03/18

Reporting period must match the invoicing period for payment when form is submitted with an invoice,

Complete this form when submitting an invoice to the department.

Input the Local Agency notice-to-proceed date to the contractor/consultant.

LOCAL AGENCY NAME:	DATES OF REPORTING PERIOD:		
PROJECT DESCRIPTION:			
INVOICE ATTACHED: Yes No N/A	AGENCY PROJECT NOTICE-TO-PROCEED DATE:	OTHER PROGRESS REPORT ATTACHED: Yes No N/A	
PHOTOS ATTACHED: Yes No N/A		AGENCY PROJECT ESTIMATED COMPLETION DATE:	
1. PROJECT STATUS:			
2. WORK COMPLETED OR IN PROGRESS THIS PERIOD (use a separate sheet of paper if more space is needed):			
3. WORK ANTICIPATED FOR NEXT PERIOD (use a separate sheet of paper if more space is needed):			
4. PROBLEM AREAS / OTHER COMMENTS (Plan revisions, changes in specifications, delays, difficulties, etc., and actions taken):			
AGENCY	LOCAL AGENCY DESIGNATED REPRESENTATIVE		
	I certify that the information provided above is true and correct per the terms of the Grant Agreement.		
DATE	PRINTED NAME AND TITLE	SIGNATURE	
FDOT	COMMENTS / NOTES		
	VERIFICATION DATE	SITE VISIT Yes No N/A	DISTRICT LOCAL PROGRAMS ADMINISTRATOR OR DESIGNEE [PRINTED NAME]
	DISTRICT LOCAL PROGRAMS ADMINISTRATOR OR DESIGNEE [SIGNATURE]		

Project Status: Do **not** include the percentage of the project that has been completed at the point of report submittal. DFS may equate this with the percentage of the project that should be paid out. **E.g.:** 60% complete, may mean to DFS that 60% of the project should be paid out.