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| --- | --- |
| Lee County Project #: | Click here to enter text. |
| Project Name: | Click here to enter text. |
| Agency Name: | Click here to enter text. |
| Project Manager: | Name: Click here to enter text. |
| Telephone Number: Click here to enter text. |
| Email: Click here to enter text. |
|  |
| Reporting Period:Check One: | [ ]  Quarter 1(Oct.-Dec.) | [ ]  Quarter 2(Jan.-Mar.) | [ ]  Quarter 3(Apr.-June) | [ ]  Quarter 4(July-Sept.) |
|  |
| Provide a summary of activity to date. Click here to enter text. |
| CAPITAL PROJECTS: Provide an update on the estimated time for completion and an explanation for any anticipated delays. State if request for extension is needed.Click here to enter text. |
| Provide any additional pertinent information (TDC recognition via signage and project photos are encouraged.) Click here to enter text. |
|  |
| *\*If requesting reimbursement of eligible project expenses, please provide sufficient backup including proof of payment during this reporting period.* |

This report is submitted in accordance with the reporting requirements of Lee County Project # and accurately reflects the activities and costs associated with the subject project.

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| Click here to enter text. | Click here to enter a date. |
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| Signature of Project Manager |  Date |

 ***Status reports are due quarterly, please forward via email to Nancy MacPhee*** ***nmacphee@leegov.com***