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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***](mailto:nmacphee@leegov.com)