**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Resilient Florida Program – Implementation Grant**

Progress Report Form

Exhibit A

Required for all Resilient Florida Program grant agreements. Complete and send to [ResilientFloridaGrants@FloridaDEP.gov](mailto:ResilientFloridaGrants@FloridaDEP.gov) no later than twenty (20) calendar days following the completion of the quarterly reporting periods, ending March 31, June 30, September 30, and December 31 (*pursuant to Attachment 1, paragraph 10: Status Reports*).

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| --- | --- | --- | --- |
| DEP Agreement No.: | Agreement No. | | |
| Project Title: |  | | |
| Grantee Name: |  | | |
| Grantee Address: |  | | |
| Grantee’s Grant Manager: |  | Telephone No.: |  |
| Reporting Period: | (MM/DD/YYYY –MM/DD/YYYY) | | |
| **INSTRUCTIONS:** Provide the following information for **all tasks and deliverables identified in Attachment 3, Grant Work Plan:** (1) task title; (2) description of the work performed during the reporting period; (3) all problems and/or delays encountered, (including problem resolutions and/or scheduled updates, where applicable); (4) percentage of the task work that has been completed to date; and (5) any proposed work for the next reporting period.  ***NOTE:*** *Use as many pages as necessary to cover all tasks in the Grant Work Plan.*  The following format should be followed:  *Task 1*  1. Task Title:  2. Progress for this reporting period:  3. Identify any delays or problems encountered:  4. Percentage of task completed:  5. Proposed work for the next reporting period: | | | |
| *Task 2*  1. Task Title:  2. Progress for this reporting period:  3. Identify any delays or problems encountered:  4. Percentage of task completed:  5. Proposed work for the next reporting period: | | | |
| *Task 3*  1. Task Title:  2. Progress for this reporting period:  3. Identify any delays or problems encountered:  4. Percentage of task completed:  5. Proposed work for the next reporting period: | | | |

Statewide Flooding and Sea Level Rise Resilience Plan  
Grant Reporting Requirements

General Project Information

1. Design and permitting status:
   1. Percentage of design complete: xx%
   2. Percentage of permitting complete: xx%
2. Estimated Dates of Construction: Note: if not yet scheduled, insert estimated date.
   1. Actual/Estimated construction start date: mm/dd/yyyy
   2. Actual/Estimated project completion date: mm/dd/yyyy
3. Overall construction completion percentage: xx%
4. Overall project completion percentage: xx%

**Grant Funding Projections**

1. For the upcoming reporting period, please estimate the total DEP expenditures projected to be spent on the project. This value should encompass all allowable expenditure categories permissible in your agreement.
   1. $ \_\_\_\_\_\_\_\_\_\_\_
   2. If the value above is zero, please explain why:

*As a reminder, reimbursement may be sought as your project deliverables are received and accepted by the Department’s Grant Manager. Please refer to Attachment 3, Grant Work Plan for additional information regarding requests for reimbursement.*

**Federally Funded Grant Reporting Requirements** *(only applicable to “FRP” grants that are funded by the American Rescue Plan Act, State and Local Fiscal Recovery Funds)*

1. Projected/actual initiation of operation date: mm/dd/yyyy
   1. *Initiation of operations is defined as the date when the SLFRF funded project comes into operation (or is capable of coming into operation) -- i.e. the SLFRF project is complete. In cases where the SLFRF only provides partial funding for the project, initiation of operations is defined as the date when the SLFRF funded portion of the project is complete (date of the final disbursement of SLFRF funds).*
2. Location details:

Click or tap here to enter text.

1. Water and sewer projects:
   1. National Pollutant Discharge Elimination System (NPDES) permit number: Click or tap here to enter text.
   2. Public Water System (PWS) ID number: Click or tap here to enter text.

This report is submitted in accordance with the reporting requirements of the above DEP Agreement Number and accurately reflects the activities associated with the project.

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| Signature of Grantee’s Grant Manager (or successor) |  | Date |

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Resilient Florida Program**

**Project Administration and Management Task Deliverable Form**

Form is only applicable if there is a Project Administration and Management task or deliverable listed in Attachment 3, Grant Work Plan. Form can be submitted alongside Exhibit A or as a standalone form at the frequency of the deliverable submission, as identified in Attachment 3. Complete and send to [ResilientFloridaGrants@FloridaDEP.gov](mailto:ResilientFloridaGrants@FloridaDEP.gov). Attach documents separately, as needed.

|  |  |
| --- | --- |
| DEP Agreement No.: | Agreement No. |
| Project Title: |  |
| Grantee Name: |  |
| Reporting Period: | (MM/DD/YYYY –MM/DD/YYYY) |

**Task: Design and Permitting**

**Deliverable:** Project administration and management report(s) signed by the Grantee’s Grant Manager. The report(s) must cover the performance period of the task and can be submitted no more frequently than quarterly during the performance period of the task. The report(s) must include:

1. A summary of project administration activities:

Click or tap here to enter text.

1. Proposed project scopes of work:

Click or tap here to enter text.

1. Meeting minutes with design professionals and construction contractors, as applicable:

Click or tap here to enter text.

**Task: Construction**

**Deliverable:** Project administration and management report(s) signed by a Florida-registered Professional Engineer or authorized individual in responsible charge of project. The report(s) must cover the performance period of the task and can be submitted no more frequently than quarterly during the performance period of the task. The report(s) must include:

1. A summary of project and site inspection(s):

Click or tap here to enter text.

1. Meeting minutes to all attended meetings:

Click or tap here to enter text.

1. Field notes:

Click or tap here to enter text.

This report is submitted in accordance with the reporting requirements of the above DEP Agreement Number and accurately reflects the activities associated with the project.

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| Signature of Grantee’s Authorized Individual, pursuant to Task in Attachment 3, Grant Work Plan |  | Date |