**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Resilient Florida Program – Planning Grant**

Progress Report Form

Exhibit A

Required for all Resilient Florida Program grant agreements. Complete and send to 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*).

|  |  |
| --- | --- |
| 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: |
| *Task 4*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: |

General Project Information

1. Estimated Project Dates: *Note: if not yet scheduled, insert estimated date.*
	1. Actual/Estimated Project start date: mm/dd/yyyy
	2. Actual/Estimated Project end date: mm/dd/yyyy
	3. Actual/Estimated Project completion date: mm/dd/yyyy
2. Overall Project completion percentage: xx%

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.

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