

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

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

INSTRUCTIONS: Local Agency to complete this form when submitting an invoice to the department.

LOCAL AGENCY NAME:		DATES OF REPORTING PERIOD:	FDOT FINANCIAL PROJECT NO.:
PROJECT DESCRIPTION:		Input the Local Agency notice-to-proceed date to the contractor/consultant.	
INVOICE ATTACHED: Yes No N/A			OTHER PROGRESS REPORT ATTACHED: Yes No N/A
PHOTOS ATTACHED: Yes No N/A	AGENCY PROJECT NOTICE-TO-PROCEED DATE:	AGENCY PROJECT ESTIMATED COMPLETION DATE:	

1. PROJECT STATUS / ESTIMATE OF PERCENT COMPLETE:

2. WORK COMPLETED OR IN PROGRESS THIS PERIOD (use a separate sheet if needed):

3. WORK ANTICIPATED FOR NEXT PERIOD (use a separate sheet if needed):

4. PROBLEM AREAS / OTHER COMMENTS (Plan revisions, changes in scope, etc.):

5. INVOICING STATUS (please explain grant funds expended to date of report):

The Florida Department of Financial Services (DFS) may expect the estimate of the project that is complete to correlate to what is being invoiced. E.g. if your project is 15% complete and the total cost is \$100,000 for state or federal grants received, they will want \$15,000 of \$100,000 invoiced at the time of the Project Monitoring Status Report (PMSR) submittal. If there is a valid reason why you can't invoice based on percent complete that explanation should be included in this PMSR for boxes 1 and/or 5.

What payment request number is this? E.g. This is the first payment request for this grant, financial project number goes here.
 List what you have expended of the total you intend to expend. E.g. We have expended \$21,000 of the \$136,000.
 List the projects approximate percent complete. E.g. The project is approximately 15% complete.
 How much longer is it anticipated that project monitoring will go on and how many more PMSR do you expect to submit? E.g. Annual monitoring and reporting will continue through year/date.

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		
	REVIEW DATE	SITE VISIT Yes No N/A	REVIEWER [PRINTED NAME & TITLE]