

## BEACH & SHORELINE PROJECT STATUS REPORT FORM

Lee County Project #:					
Project Name:					
Agency Name:					
Project Manager:		Name:			
		Telephone Number:			
		Email:			
Reporting Period: Check One:	<input type="checkbox"/> Quarter 1 (Oct.-Dec.)	<input type="checkbox"/> Quarter 2 (Jan.-Mar.)	<input type="checkbox"/> Quarter 3 (Apr.-June)	<input type="checkbox"/> Quarter 4 (July-Sept.)	
Provide a summary of activity to date.					
CAPITAL PROJECTS: Provide an update on the estimated time for completion and an explanation for any anticipated delays.					
Provide any additional pertinent information (TDC recognition via signage and project photos are encouraged.)					
*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.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date

*Unless submitted with requests for reimbursement, please forward via email in March & September to Nancy MacPhee [nmacphee@leegov.com](mailto:nmacphee@leegov.com)*