

**DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Resilient Florida Program  
Progress Report Form**

**Exhibit A**

<b>DEP Agreement No.:</b>	22FRP10		
<b>Project Title:</b>	Utilities Reliability Improvements		
<b>Grantee Name:</b>	Pinellas County		
<b>Grantee Address:</b>	300 S. Garden Avenue Clearwater, Florida 33756		
<b>Grantee's Grant Manager:</b>		<b>Telephone No.:</b>	727-464-3093
<b>Reporting Period:</b>	(MM/DD/YYYY – MM/DD/YYYY)		
<p><b>INSTRUCTIONS:</b> Provide the following information for <b>all tasks and deliverables identified in Attachment 3, Grant Work Plan:</b> Description of the work performed during the reporting period, problems encountered, problem resolutions, scheduled updates, proposed work for the next reporting period, and percentage of the work that has been completed to date.  <b>NOTE:</b> Use as many pages as necessary to cover all tasks in the Grant Work Plan.</p> <p><b><u>The following format should be followed:</u></b></p> <p><b>Task 1:</b>  <b>Progress for this reporting period:</b>  <b>Identify any delays or problems encountered:</b>  <b>Percentage of task completed:</b></p> <p><b>Task 2:</b>  <b>Progress for this reporting period:</b>  <b>Identify any delays or problems encountered:</b>  <b>Percentage of task completed:</b></p> <p><b>Task 3:</b>  <b>Progress for this reporting period:</b>  <b>Identify any delays or problems encountered:</b>  <b>Percentage of task completed:</b></p> <p><b>Task 4:</b>  <b>Progress for this reporting period:</b>  <b>Identify any delays or problems encountered:</b>  <b>Percentage of task completed:</b></p>			

**Statewide Flooding and Sea Level Rise Resilience Plan  
Grant Reporting Requirements**

**General Project Information**

1. Project location details (GPS coordinates) for the following locations:
  - a. Project headquarters:
  - b. Project location(s) where all work will be conducted (for multiple locations, provide in a separate .csv file):
2. Design and permitting status:
  - a. Percentage of design complete: xx%
  - b. Percentage of permitting complete: xx%
  - c. Permit number and issue date of all required local, state, and federal permits:

Regulatory Agency	Permit Number	Issue Date

- d. National Pollutant Discharge Elimination System permit number:
    - e. Public Water System ID number:
3. Estimated Dates of Construction:
  - a. Projected/actual construction start date: mm/dd/yyyy
  - b. Projected/actual initiations of operations date: mm/dd/yyyy
  - c. Projected/actual construction end date: mm/dd/yyyy
  - d. Projected/actual project completion date: mm/dd/yyyy
4. Overall project completion percentage: xx%

**Project Metric**

1. Project phase for metric: Construction
2. Metric assigned: Square feet of building protected
3. Summary of progress made on assigned metric:

**Treasury Category (only applicable to grants funded by the American Rescue Plan Act, State and Local Fiscal Recovery Funds)**

1. Treasury Category assigned: 5.2 Clean Water: Centralized Wastewater Collection & Conveyance

This report is submitted in accordance with the reporting requirements of the above DEP Agreement No. and accurately reflects the activities associated with the project.

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Signature of Grantee's Grant Manager (or successor)

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Date