



Florida Department of Environmental Protection  
Recreational Trails Program

Project Status Report

Required Signatures: **Adobe Signature**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Identify primary and support recreation areas and facilities to be constructed. (50% of total costs must be in primary facilities).

**PROVIDE PHOTOS OF WORK IN PROGRESS**

**PRIMARY FACILITIES/ELEMENTS:**

Project Elements	Work Accomplished	% Completed

**SUPPORT FACILITIES/ELEMENTS:**

Project Elements	Work Accomplished	% Completed

**PROBLEMS ENCOUNTERED:**

**Period Covered** (Check Appropriate Period):

January through April:  
May through August:  
September through December:

Due May 5<sup>th</sup>  
Due September 5<sup>th</sup>  
Due January 5<sup>th</sup>

LIAISON: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date