|  |  |
| --- | --- |
| DATE: Click here to enter a date.  | RECIPIENT: Click here to enter text.  |
|  |  |
| PROJECT NUMBER: Click here to enter text.  | PROJECT NAME: Click here to enter text.  |
|  |  |
| PROJECT END DATE: Click here to select a date. | LRTF AWARD AMOUNT: Click here to enter text. |
|  |
| HAS THIS PROJECT RECEIVED AN EXTENSION OR CHANGE IN SCOPE OR BUDGET? Choose Yes or No.\*If yes, please ensure that the dates/numbers in this report are reflective of those changes  |
|  |  |
| CALENDAR YEAR OF REPORTING: Enter the year.  | TIME PERIOD FOR REPORTING: Select a time period. |
|  |  |
| FINAL REPORT: [ ]  \*(a compilation of all information from prior Quarterly Reports) |
|  |
| SUBSTANTIAL COMPLETION CERTIFICATION LETTER ATTACHED (if final): [ ]  |

REPORT:

Describe in detail the progress made toward completion of the project, including tasks and deliverables during this time period. (The report will format to additional pages as needed. Please include/attach supplemental materials to the email upon submission if applicable.)

Signature of Applicant Authorizing Official:

|  |  |
| --- | --- |
| SIGNED: Type Name and Title of Applicant Authorizing Official | DATE: Click here to enter a date. |

Signature of Project Coordinator/Manager or Principal Investigator:

|  |  |
| --- | --- |
| SIGNED: Type Name and Title of Project Coordinator/Manager  | DATE: Click here to enter a date. |

**Please print, sign, scan and submit this quarterly report to** **lrtf.suport@iowadot.us** **. Upon review you will receive notification that it has been received by email from Tara Van Waus at the Iowa DOT. Additional questions or clarifications may be requested by the LRTF Program Administrator.**