

TRANSPORTATION POOLED FUND PROGRAM QUARTERLY PROGRESS REPORT

Lead Agency (FHWA or State DOT): _____

INSTRUCTIONS:

Project Managers and/or research project investigators should complete a quarterly progress report for each calendar quarter during which the projects are active. Please provide a project schedule status of the research activities tied to each task that is defined in the proposal; a percentage completion of each task; a concise discussion (2 or 3 sentences) of the current status, including accomplishments and problems encountered, if any. List all tasks, even if no work was done during this period.

| | | | |
|--|---|---|--|
| Transportation Pooled Fund Program Project # <i>(i.e., SPR-2(XXX), SPR-3(XXX) or TPF-5(XXX))</i> | | Transportation Pooled Fund Program - Report Period: <input type="checkbox"/> Quarter 1 (January 1 – March 31) <input type="checkbox"/> Quarter 2 (April 1 – June 30) <input type="checkbox"/> Quarter 3 (July 1 – September 30) <input type="checkbox"/> Quarter 4 (October 1 – December 31) | |
| Project Title: | | | |
| Name of Project Manager(s): | Phone Number: | E-Mail | |
| Lead Agency Project ID: | Other Project ID (i.e., contract #): | Project Start Date: | |
| Original Project End Date: | Current Project End Date: | Number of Extensions: | |

Project schedule status:

- On schedule
 On revised schedule
 Ahead of schedule
 Behind schedule

Overall Project Statistics:

| Total Project Budget | Total Cost to Date for Project | Percentage of Work Completed to Date |
|----------------------|--------------------------------|--------------------------------------|
| | | |

Quarterly Project Statistics:

| Total Project Expenses and Percentage This Quarter | Total Amount of Funds Expended This Quarter | Total Percentage of Time Used to Date |
|--|---|---------------------------------------|
| | | |

Project Description:

Progress this Quarter (includes meetings, work plan status, contract status, significant progress, etc.):

Anticipated work next quarter:

Significant Results:

Circumstance affecting project or budget. (Please describe any challenges encountered or anticipated that might affect the completion of the project within the time, scope and fiscal constraints set forth in the agreement, along with recommended solutions to those problems).

Potential Implementation: