

	Lost	Date Lost	Won	Date Won	Complete	Date Contract Work is Completed	Status
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	04/01/19	<input type="checkbox"/>		Fully Invoiced
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	11/18/19	<input type="checkbox"/>		Partially Invoiced
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12/19/19	<input type="checkbox"/>	06/30/21	Delivery Plan Created
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12/19/19	<input type="checkbox"/>	06/30/21	Delivery Plan Created
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	01/01/20	<input type="checkbox"/>		Under Revision
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	04/16/20	<input checked="" type="checkbox"/>	09/25/20	Fully Invoiced
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	04/19/20	<input type="checkbox"/>	07/15/21	Delivery Plan Created
	<input type="checkbox"/>		<input checked="" type="checkbox"/>	05/14/20	<input type="checkbox"/>		Approved Provider List