

Form Instructions: When copy and pasting into text fields please paste as "plain text".

**Project Information** \* The Submission Fiscal Year (FY) refers to the year a New Project Proposal was submitted and selected for funding.  
\*\* A unique Project Number is assigned to each project following submission and selection of the New Project Proposal.

Program	Admin Region	Submission (FY)*	Additional Project ID	Report Type	PR Number
				Progress Report(PR)	

**Project Number:\*\***

**Grants and Agreements Number:**

**Project Title:**

\_\_\_\_\_

Is continuing funding being requested? Yes \_\_\_ No \_\_\_ Fiscal Year (FY):  Years funded thus far:

Is project on time? Yes \_\_\_ No \_\_\_

**Subject Description**

**Target Invasive Plant:**

Common and Scientific Names:

**Biological Control Agent(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Overview** (from original BCIP Proposal Form)

Define the project being developed (e.g., what is the technology, goal and objectives, and who will maintain the tool if maintenance is necessary?):

[Large empty text box for project overview]



Products/Publications/Technology transfer (timeline from original BCIP Proposal Form):

Are there any changes proposed to the budget? Yes \_\_\_\_ No \_\_\_\_

If Yes, describe why additional/reduced funding is being requested. Additional funding is dependent on specific budget requests.

**Updated Proposed Budget Summary** (If any changes to the budget are being requested, please report here)

Year 1 BCIP Total	Year 2 BCIP Total	Year 3 BCIP Total	Total BCIP Funds	Total Funds (All)



**Updated Proposed Budget Information** (Please report updated requested budget info for current FY)

Fiscal Year (FY):

Budget Type	Budget	Requested BCIP Funding	Non-Federal Match*	Leveraged Funds**	Match Source	Leveraged Source
ADMINISTRATION	Salary					
	Travel for Data Collection					
	Travel to Meetings					
	Travel for Other					
PROCUREMENT	Contracting					
	Equipment					
	Supplies					
INDIRECT	Overhead					
	Other					
	SUBTOTAL					

Overhead Rate %:

Year 2 Total:

Year 2 Notes (please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

\* Non-Federal Matching (cost sharing) funds are raised from outside sources to increase the level of support provided by the Federal Government. This includes both cash and in-kind contributions.

\*\* Leveraged Funds are raised from outside sources to increase the level of support provided by the Federal Government (including cash and in-kind contributions) beyond the non-Federal matching requirements.



## Changes to project scope, objectives, and/or timeline

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Were there changes or additions to the original project scope, objectives, or timeline? Yes \_\_\_ No \_\_\_  
If yes, provide descriptions of any additions, subtractions, alterations including reasons for the changes.

## Accomplishments and lessons learned

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Description of tasks accomplished this year (describe primary activities for each year, summarizing key accomplishments from prior year(s), this year's activities):



**Accomplishments to date** (cumulative, from newest to oldest)

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Products:

Publications:

Technology  
Transfer:



**Project Contacts** (The Funding Coordinator is the individual who manages project funds. A single funding coordinator must be selected.)

**FHP/BCIFP FHP/FS/Monitor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Technical Monitor: \_\_\_\_\_

**Principal Investigators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

**Cooperators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

