

SPECIAL TECHNOLOGY DEVELOPMENT PROGRAM

PROGRESS REPORT

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 Progress Report(PR)	PR Number
Project Number:**	<input style="width: 100%;" type="text"/>					
Grants and Agreements Number:	<input style="width: 100%;" type="text"/>					

Project Title:

Is continuing funding being requested this year? Yes ___ No ___ Current Fiscal Year (FY) Years Funded thus far:

Is project on time? Yes ___ No ___

Subject Description

Subject Species Status: <input style="width: 150px;" type="text"/>	Subject Group Type: <input style="width: 350px;" type="text"/>
Subject Common and Scientific Names:	Host Common and Scientific Names:
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

Project Overview (from original STDP Proposal Form)

Define the project being developed (e.g., what is the tool, how does it tie into the FHP mission, when will it be ready and who will maintain the tool if maintenance is necessary?):



Products/Measures of Success (from original STDP 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 STDP Total	Year 2 STDP Total	Year 3 STDP Total	Total STDP Funds	Total Funds (All)



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

Fiscal Year (FY):

Budget Type	Budget	Requested STDP 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 %:

Total:

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

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 changes.

Accomplishments and lessons learned

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)

Products:

Publications:

Technology
Transfer:



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

FHP Sponsor

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

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:

