



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 the original 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 this year? Yes ___ No ___ Current Fiscal Year (FY) Years Funded thus far:

Is project on time? Yes ___ No ___

Subject Description

Subject Species Status: Subject Group Type:

Subject Common and Scientific Names: _____ Host Common and Scientific Names: _____

Project Overview (from original STDP Proposal Form)

Define the product 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.

Original Budget Summary (From original STDP New Project Proposal form)

| Year 1 STDP Total | Year 2 STDP Total | Year 3 STDP Total | Total STDP Funds | Total Funds (All) |
|-------------------|-------------------|-------------------|------------------|-------------------|
| | | | | |

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) |
|-------------------|-------------------|-------------------|------------------|-------------------|
| | | | | |

Proposed Budget Information (Please report either the original or updated requested budget info for current Federal FY)

Federal Fiscal Year (FY):

| Budget Type | Budget | Requested STDP Funding | Non-Federal Match* | Leveraged Funds** | Match Source | Leveraged Source |
|----------------------------------------|----------------------------|------------------------|--------------------|-------------------|--------------|------------------|
| ADMINISTRATION Including sub-awards | 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: