**PROGRESS REPORT TEMPLATE**

Please use the template below for all semi-annual and final progress reports. The work plan section should be populated to align with the most recently approved work plan. Instructions are designated by blue text and can be deleted prior to submission to your EPA Project Officer. Electronic documents must be managed and submitted in accordance with the Chesapeake Bay Program’s guidelines and policies for the submission of data, information, and documents.

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| **Recipient Name:** |  | | |
| **Project Title:** |  | **Award #:** |  |
| **Report Type (Quarterly, Semi-Annual, or Final):** |  | **Period Covered by this Report:** |  |

**Rate of Overall Expenditure:**

This information must include budget category expenditures as determined by subtracting the budget categories

expenditures from the approved budget categories. This information will allow the recipient and the EPA Project

Officer the ability to determine if a re-budget, time extension, or change in the workplan may be needed.

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| **Object Class Category**  **(Non-construction)** | **Total Approved Allowable Budget Period Costs**  **(EPA & Non-Federal)** | **Expended to Date**  **(EPA & Non-Federal)** | **Remaining** |
| 1. **Personnel** |  |  |  |
| 1. **Fringe Benefits** |  |  |  |
| 1. **Travel** |  |  |  |
| 1. **Equipment** |  |  |  |
| 1. **Supplies** |  |  |  |
| 1. **Contractual** |  |  |  |
| 1. **Construction** |  |  |  |
| 1. **Other** |  |  |  |
| 1. **Total Direct Charges** |  |  |  |
| 1. **Indirect Costs: XX% of Base** |  |  |  |
| 1. **Total** |  |  |  |
| **Total Approved Assistance Amount** |  |  |  |
| **Program Income** |  |  |  |

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| **Additional Budget/Project Information:** | |
| **Equipment Purchased:** | Identify any equipment purchased using grant funds during this reporting period. Otherwise, list N/A. |
| **Other Pertinent Cost Information:** | If applicable, include analysis and information of cost overruns, high unit costs, or unanticipated economics. Otherwise, list N/A. |
| **Changes to Workplan Objective:** | List objectives that were approved in the workplan and will not be carried out, including supporting documentation as to why it will not be completed. Otherwise, list N/A. |
| **Unspent Funds Summary:** | This section is applicable to final reports only. If there is a balance of unspent funds remaining following closeout of the award, please provide additional details to explain why. Otherwise, list N/A. |

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| **Objective #\_\_** | **Provide a short, descriptive title for this objective.** |
| **Budget Summary for this Objective:** | EPA Share: $  Non-Federal Share: $  TOTAL: $ |
| **Narrative Summary of Outputs for this Objective:** | Provide a short narrative summary of the objective. |
| **Description of Objective:** | Provide a narrative response to each of the questions below.   1. What is the ultimate goal of the project? 2. What will be accomplished during the current grant cycle? 3. If a multi-year project, what has been completed in previous years? Is the project on track? |
| **Tasks Under this Objective:** | List tasks to be completed for this objective. See section D.4 (*Work Plan Requirements*) of the grant guidance for examples of eligible activities and tasks. For competitive awards, examples may also be found within the RFA under which the recipient applied.   1. xxx 2. xxx 3. etc. |
| **Specific Outputs for this Objective** | Provide a comprehensive list of all programmatic and administrative deliverables in work plan with expected due dates. The extent that outputs are accomplished will serve as the EPA evaluation criteria for this project/program. See section D.4.d (*Outputs*) of the Grant Guidance for additional information. For nutrient and sediment controls, report outputs in format that CBP can translate into pounds reduced, see Attachment **7**. (This can be done annually). Programmatic (e.g. # acres of BMP installed; # of roundtables/workshops held; # of brochures created)xxxxxx Administrative (e.g. Semi-annual report of accomplishments submitted to EPA; NPS BMP and Point Source data submitted to CBP, if applicable)   * xxx * xxx |
| **Outcomes for this Objective:** | *2014 Chesapeake Bay Watershed Agreement* Goals and Outcomes: Refer to goals and outcomes listed in Attachment 3. Recipients should list all *2014 Chesapeake Bay Watershed Agreement* goals and outcomes that are linked to this objective.) |
| **DEIJ Outcomes for this Objective:** | Provide context on how the [Chesapeake Bay Program DEIJ Statement](https://www.chesapeakebay.net/channel_files/40993/iii.e._cbp_deij_statement_final_draft_5.15.2020_clean.pdf) is advanced through this objective. For more information, see Grant Guidance Section D.4.f (*Addressing Diversity, Equity, Inclusion, and Justice in Work Plans*). If not applicable for this objective, list N/A. |
| **Climate Change Outcomes for this Objective:** | Provide context on how the [Climate Change Directive](https://www.chesapeakebay.net/documents/43419/climatedirective_final.pdf) is advanced through this objective. If not applicable for this objective, list N/A. |
| **Link to Jurisdiction’s WIP Commitment(s)** | This section only needs to be completed for CBIG and CBRAP objectives that are linked to the Water Quality Goal of the *2014 Chesapeake Bay Watershed Agreement*. If not applicable, state “N/A.”  This link should be as detailed as possible, including any chapter numbers, section numbers, and/or page numbers of the jurisdiction’s WIP. |
| **Link to Priority Practices and/or Priority Watersheds** | Refer to your state’s specific Watershed Implementation Plans for this information. For additional information, see sections D.4.h and D.4.i of the main body of the Grant Guidance.  Please include the following, as applicable:  Priority Practice(s)  1) Which priority practice(s) will be implemented in this objective?  2) Please provide a short justification as to why the practice(s) is a priority for the location it is to be implemented.  3) Which priority strategy(s) will be implemented in this objective?  Priority Watershed  1) Which priority watershed will be addressed by this objective?  2) Watershed considered priority by (please check one):  \_\_\_\_[CBP Priority Agricultural Watersheds Map](https://www.chesapeakebay.net/what/maps/point-sources-and-priority-agriculture-watersheds-chesapeake-bay-watershed)  \_\_\_\_ USDA Core 4  \_\_\_\_ Other (please include a short justification as to why this watershed is  considered a priority)  3) Which priority strategy(s) will be implemented in this objective? |
| **Progress for this Objective** | This section will be left blank in the work plan but will be completed for the progress reports.  Please indicate the following in addition to a description of the progress completed under this objective:   1. Percentage of the objective completed 2. A comparison of actual accomplishments (outputs, outcomes) with the anticipated outputs/outcomes. 3. If applicable, problems encountered during the performance period, which may interfere with meeting program/project objectives. (List N/A if no problem exists.) 4. List proposed remedies if problem(s) exist (s) as indicated in item 3. List N/A if not applicable. 5. Estimates of the pounds of nutrients or sediment reduced, for those objectives linked to nutrient or sediment reduction. 6. If this is the final report, clearly identify any tasks/outputs not completed and explain why. |

**Project Officer Comments**