



# Performance Progress Report

## NOAA Restoration Center, Office of Habitat Conservation

1. Federal Agency to Which Report is Submitted NOAA National Marine Fisheries Service		2. Award or Subaward Number		3. Federal Program Officer - Name	
<b>Project Information</b>					
4. Project Name			5. Recipient or Subrecipient Organization		6. Is this the final report? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Award or Project Period Dates		8. Reporting Period Dates		9. Report Frequency	
Start Date	End Date	Start Date	End Date	<input type="checkbox"/> annual	<input type="checkbox"/> semi-annual
				<input type="checkbox"/> other	<input type="checkbox"/> quarterly
<b>Project Information</b>	10. Main Project Contact - Name		11. Main Project Contact - Title and Organization		
	12. Main Project Contact - Email			13. Main Project Contact - Phone Number	
	14. Project City		15. Project State	16. Number of Project Sites	
	17a. Project Site Coordinates (decimal degrees)	Latitude	Longitude	18. Project Landowner Permission Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monitoring Information</b>	19. Monitoring Contact - Name		20. Monitoring Contact - Title and Organization		
	21. Monitoring Contact - Email			22. Monitoring Contact - Phone Number	
	23. Monitoring Level <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> None				
24. List of Target Species			25. List of Project Partners		
26. Problem the Project Addresses					
27. Other Attachments (see instructions)					

The information collected in this form will be used to administer and evaluate coastal and marine habitat restoration projects. Public reporting burden for this collection of information is estimated to average 6 hrs per response for semi-annual reports and 9 hrs 45 mins for final reports, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Program Manager, NOAA Community-based Restoration Program, 1315 East West Hwy, F/Hc3, Silver Spring, MD 20910.

No confidentiality is provided because no proprietary or confidential information is requested.

Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a valid OMB Control Number.

Project Name	Award or Sub-Award Number
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**Certification.** *I certify to the best of my knowledge that this report is correct and complete for performance of activities for the purposes set forth in the award documents.*

28. Authorized Representative - Name and Title	29. Authorized Representative - Email	30. Authorized Representative - Phone
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31. Performance Narrative (no page limit, see instructions):

Project Name	Award or Sub-Award Number
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**Performance Narrative (continued)**





Project Name	Award or Sub-Award Number
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<b>C. NOAA Award Funding</b>						Project Duration	<b>3 years</b>	<input type="checkbox"/> Lock Table
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1. Object Class Expenditures	2. Year 1 NOAA Approved Funds	3. Year 2 NOAA Approved Funds	4. Year 3 NOAA Approved Funds	5. Total NOAA Approved Funds	6. Total NOAA Funding Expended	7. Notes
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Other						
Indirect						
TOTALS						

8. Budget Deviations Description (see instructions)

Project Name	Award or Sub-Award Number
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<b>D. Non-federal Recipient Share (Match Funds)</b>						Project Duration	<b>3 years</b>	<input type="checkbox"/> Lock Table
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1. Object Class Expenditures	2. Year 1 Match Funds Approved	3. Year 2 Match Funds Approved	4. Year 3 Match Funds Approved	5. Total Approved Match Funds	6. Total Expended Match Funds	7. Non-federal Recipient Share (Match Funds) Sources
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Other						
Indirect						
TOTALS						

8. Budget Deviations Description (see instructions)

Project Name	Award or Sub-Award Number
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**E. Project Leverage (*Funds beyond committed match*)**

1. Leverage Task Description ( <i>Optional: Project Partner conducting task</i> )	2. Type of Funds (Federal or Non-federal)	3. Funding Source (Name of Organization)	4. Total Funds
Total			

Project Name	Award or Sub-Award Number
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**F. Monitoring Funds *(Include all funding supporting monitoring activities)***

1. Monitoring Task Description	2. Type of Funds (Federal or Non-Federal)	3. Funding Source (Name of Organization)	4. Total Funds
Total			



# Administrative Progress Report

## NOAA Restoration Center, Office of Habitat Conservation

1. Federal Agency to Which Report is Submitted NOAA National Marine Fisheries Service	2. Federal Award Number	3. Federal Program Officer - Name
4. Recipient Organization and Address	5. Award Start Date	7. Report Start Date
	6. Award End Date	8. Report End Date
9. Award Name		
10. Main Project Contact - Name	11. Main Project Contact - Title and Organization	14. Is this the final report? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Main Project Contact - E-mail	13. Main Project Contact - Phone Number	15. Report Frequency <input type="checkbox"/> annual <input checked="" type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other
16. Other Attachments (see instructions)		
<b>Certification:</b> <i>I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</i>		
17. Authorized Representative - Name and Title	18. Authorized Representative - Email	19. Authorized Representative - Phone

The information collected in this form will be used to administer and evaluate coastal and marine habitat restoration projects. Public reporting burden for this collection of information is estimated to average 2.75 hrs per response for semi-annual reports and 5.5 hrs for final reports, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Program Manager, NOAA Community-based Restoration Program, 1315 East West Hwy, F/HC3, Silver Spring, MD 20910.

No confidentiality is provided because no proprietary or confidential information is requested.

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Project Name	Award or Sub-Award Number
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## A. Subaward Project List

1. Subrecipient	2. Project Title	3. Project Status	4. NEPA Status	5. NOAA Funding Amount	6. Anticipated End Date	7. Modifications to the Sub-Award

Project Name	Award or Sub-Award Number
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<b>B. NOAA Award Funding</b>	Project Duration	3 years	<input type="checkbox"/>	Lock Table
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1. Object Class Expenditures	2. Year 1 NOAA Approved Funds	3. Year 2 NOAA Approved Funds	4. Year 3 NOAA Approved Funds	5. Total NOAA Approved Funds	6. Total NOAA Funding Expended	7. Notes
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Other						
Indirect						
TOTALS						

8. Budget Deviations Description (see instructions)

Project Name	Award or Sub-Award Number
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<b>C. Non-federal Recipient Share (Match Funds)</b>	Project Duration	3 years	<input type="checkbox"/>	Lock Table
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1. Object Class Expenditures	2. Year 1 Match Funds Approved	3. Year 2 Match Funds Approved	4. Year 3 Match Funds Approved	5. Total Approved Match Funds	6. Total Expended Match Funds	7. Non-federal Recipient Share (Match Funds) Sources
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Other						
Indirect						
<b>TOTALS</b>						

8. Budget Deviations Description (see instructions)