**Invasive Species Management Sub-Grant Final Report**

**Grant Number:**

**Grant Recipient (County):**

**Project Contact:**

Completed reports should be emailed to hmiller@pacd.org

*The final report is due to PACD within 60 days of the project end date. The final 10% of your grant funds will be disbursed after review and approval of this final report.*

\*Please submit before and after photos (labeled) with this report for promotion of your project.

**Final Project Summary:**

Please provide 1-2 paragraphs outlining the results of your project

**Accomplishments:**

Describe the progress you made toward the original goals of the project. Did you meet the project goals within your timeline? Please describe treatment accomplishments including the methods that were used.

**Roadblocks:**

Please share any problems you encountered during your project and how you tackled them.

**Partnerships:**

List the partnerships involved and how each organization, group, or individual helped toward reaching the project goals.

 **Reimbursement Request:**

|  |  |
| --- | --- |
| Total project funding being requested for reimbursement (total spent): | **$** |
| Total match for all site locations: | **$** |
|  |  |
| Amount received from PACD initially (1st payment): | **$** |
| Amount received from PACD following mid-term report (2nd payment): | **$** |
| Final disbursement due to the conservation district (final 10%): | **$** |

**Match:**

Please list sources and amounts of match. A 50:50 match is required.

**Budget Breakdown:**

Please provide an itemization of expenses. DO NOT SEND RECEIPTS. Keep them with your financial records, in case of audit.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Project Total | Grant Funds | Non-Federal Match |
| Personnel (salary, wages) |  |  |  |
| Fringe Benefits |  |  |  |
| Travel |  |  |  |
| Materials & Supplies |  |  |  |
| Contractual (include rented equipment costs here) |  |  |  |
| Other (explain): |  |  |  |
| **TOTAL:** |  |  |  |

*All checks will be issued to the conservation district office. By signing this final report, you certify that the information provided is to the best of your knowledge.*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

 ***Signature of Conservation Dist. Rep Title Date***