



Forest Service
U.S. DEPARTMENT OF AGRICULTURE

BIOLOGICAL CONTROL OF INVASIVE FOREST PESTS 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 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? Yes ____ No ____ Fiscal Year (4-digits) Years funded thus far:

Is project on time? Yes ____ No ____

Subject Description

Target Invasive Plant:

Common and Scientific Names:

Biological Control Agent(s):

Project Overview (from original BCIFP Proposal Form)

Define the project being developed (e.g., what is the technology, goal and objectives, and who will maintain the tool if maintenance is necessary?):

Products/Publications/Technology transfer (timeline from original BCIFP 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 BCIFP Proposal form)

Year 1 BCIFP Total	Year 2 BCIFP Total	Year 3 BCIFP Total	Total BCIFP Funds	Total Funds (All)

Updated Proposed Budget Summary (If any changes to the budget are being requested, please report here)

Year 1 BCIFP Total	Year 2 BCIFP Total	Year 3 BCIFP Total	Total BCIFP Funds	Total Funds (All)

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

Fiscal Year (FY):

Budget Type	Budget	Requested BCIFP 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 Funds (All):

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. USDA Forest Service salary and expense funds can be included as leveraged funds.

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 the changes.

Accomplishments and lessons learned

Description of tasks accomplished this year and how BCIFP funds were spent (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:

FHP/BCIFP FHP/FS/Monitor

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____
Technical Monitor: _____

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: